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ABSTRACT

One of nine competency-based training modules for personnel preparation in early childhood special education, this guide focuses on integration of children with disabilities in preschool programs. All modules are adaptable for use with a general audience, direct service personnel, or administrators and are based on the following principles of the Ohio Department of Education's Division of Early Childhood Education: developmentally appropriate practice; integration of children with disabilities with typically developing peers; collaborative relationships with families; attention to individual needs; and provision for and valuing of diversity among young children and their families. Modules are intended to be used in whole or in part, in groups or for self-instruction. Each module comprises goals; competencies (knowledge, skill, and values and attitudes); and objectives, with a matrix for each objective identifying enabling activities, resources, and leader notes. Relevant handouts, forms, and readings are provided for each objective. This module addresses five goals: (1) define preschool integration and become aware of its impact; (2) know the legal and ethical bases for preschool integration; (3) recognize the value of preschool integration in providing educational services to infants and young children, including those with special needs; (4) develop a plan to provide integrated services using existing resources, modifying current techniques, and creating appropriate strategies; and (5) become familiar with model programs providing integrated service. (Contains approximately 30 references.) (DB)

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PROJECT

Modules for Competency-Based Personnel Preparation in Early Childhood Education

Integration

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PROJECT PREPARE

Competency-Based Personnel Preparation in Early Childhood Education Modules

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These modules were developed through a grant funded by
The Ohio Department of Education, Division of Early Childhood Education
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Dear Educators:

There is, perhaps, no more important issue to address in the field of early childhood education than the professional development of those individuals who work in this field. The results of numerous studies that have been conducted to assess the quality of programs currently available to our nation's young children and their families suggest that the training and quality of staff are critical determinants to quality programming.

In the area of early childhood special education, professional training needs are also recognized as paramount. The number of preschool programs for children with disabilities has grown rapidly in Ohio, thus creating a dramatic increase in the number of trained professionals needed to meet the resulting human resource demands. The training needs of this cadre of teachers, as well as other service personnel who face this challenge, is the focus of *Project Prepare*.

This series of nine competency-based training modules is the result of a commitment on the part of many individuals in the State of Ohio to quality services for young children. Their dedicated efforts are to be commended. *Project Prepare* reflects widely accepted principles of sound early childhood theory and practice; reflecting what we know about the development of all young children, and what we know about the development of young children who have special needs. We hope that these materials assist you in your efforts to provide quality early childhood education programs for all of Ohio's young children.

Sincerely,

Irene Bandy-Hedden

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ACKNOWLEDGEMENTS

The modules in this set were developed as a result of a commitment on the part of many professionals in the State of Ohio; a commitment to quality services for young children with special needs as well as those who are typically developing. A need was established for compentency-based early childhood personnel training that reflects a commitment to: (1) the integration of children with disabilities and those who are typically developing; (2) developmentally appropriate practice; (3) providing services that value and are sensitive to all diversity in a multicultural, pluralistic society; and (4) effective collaboration between parents and professionals.

The immediate need for a large cadre of well-prepared personnel sensitive to the needs of young children with disabilities was recognized by leadership in the Ohio Department of Education. With the establishment of the Division of Early Childhood Education, a forceful position was taken on behalf of all young children. Funding was then made available to the Cuyahoga Special Education Service Center for research and development in personnel preparation.

We gratefully acknowledge Dr. Irene Bandy-Hedden, Assistant Superintendent of the Ohio Department of Education and Dr. Jane Wiechel, Director of the Division of Early Childhood Education for the role they each played in creating the atmosphere and the arena in which Project Prepare was conceived and implemented. The contribution of Dr. Karen Sanders has been invaluable. Her support, guidance, and attention to detail has strengthened us and enabled us to ensure quality and consistency to the final products of Project Prepare.

We wish to thank the members of the Steering Committee and the Consistency Task Force. Their feedback and endless hours of review supplied input to the process of refining the modules. The professionals on the Reaction Panel contributed insightful feedback during the early stages of module development that enhanced the content and format of the modules. The technical staff, whose dependable assistance was a critical component of our working team provided the day-to-day nitty gritty backup assistance necessary to a quality finished product. Most of all, we would like to thank each member of the Module Development Teams who conceived, delivered, nurtured, and raised the "child" whose name is Project Prepare. We offer this fully functioning child up for adoption to the Special Education Regional Resource Service Centers, without whose membership and continued abiding interest in total quality staff development, Project Prepare would not have been possible.

To all those who provided wisdom in this endeavor, gave an extra hand when it was needed, shared in our frustrations, and laughed with us in our moments of joy, we extend our deepest thanks and gratitude.

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PROJECT PREPARE GENERAL INTRODUCTION

This module is one of nine competency-based personnel preparation modules designed to prepare professionals to employ best practices to meet the special needs of young children with disabilities. Each module was developed by an outstanding team as part of a statewide collaborative effort called Project Prepare. Project Prepare was funded by the Ohio Department of Education, Division of Early Childhood Education in concert with the network of Special Education Regional Resource Centers.

Each module targets a facet of best practice found to be critical in implementing a free appropriate public education specifically for three- to five-year-old children with disabilities. While this is the age focus of Project Prepare the modules are applicable for serving all young children. The module topics are:

Assessment,

Family Collaboration,

Individualized Education Program (IEP),

Preschool Integration,

Managing Behavior,

Planning,

Play,

Technology,

Transition.

This list of carefully selected topics does not exhaust all aspects of knowledge, skills, attitudes, and values that are important, even essential, in meeting the challenge posed in implementing the amendments, contained in P.L. 99-457, of the Individual with Disabilities Education Act (I.D.E.A.). However, each module does represent a "competency cluster," rather than a single competency, addressing several general objectives, each of which is broken down into specific knowledge, skill, and value/attitude objectives.

The teams were asked to monitor their own work on the basis of carefully determined criteria, which were then used throughout a multi-stage process of review. Several factors were scrutinized in order to keep the content philosophically consistent within each and across all modules. These premises are in harmony with the philosophical position of the Ohio Department of Education, Division of Early Childhood Education which in turn reflects best practices in the field of Early Childhood Special Education. The issues are summarized as follows:

Developmentally Appropriate Practice in accord with principles set forth by the National Association for the Education of Young Children (NAEYC).

Integration of children with disabilities in programs with their typically developing peers.

Collaborative relationships with families.

Attention to the special needs of each child with recognition of the child's abilities, as well as disabilities.

Provision for and valuing of all diversity among young children and their families (e.g., ability, cultural, racial, religious, gender, etc.).

A second criteria the module development teams were asked to consider in monitoring their work was adaptability. Adaptability was defined in three ways. First, each module needed to be adaptable in a demographic sense, that is, responsive to needs in diverse geographic settings (rural, urban, suburban) with diverse populations. Second, each module was designed for potential use with three different groups of participants:

General (e.g., parents, community groups);

Staff (direct service personnel, such as teachers and therapists);

Administrators (persons in leadership roles, such as building principals and program directors).

Some of each module's content may be applicable to all three potential "audiences" however, in many instances differentiation of content is appropriate, based on the anticipated needs of participants. Thus, while the same goals are indicated for the three groups of participants, these goals are translated in knowledge, skills, and value/attitude objectives appropriate to each group. Differentiation of objectives by audience and by type is shown in the following matrix taken from one of the modules.

GOALS

KNOW THE LEGAL AND ETHICAL BASIS FOR PRESCHOOL INTEGRATION

	GENERAL OBJECTIVE	STAFF OBJECTIVE	ADMINISTRATOR OBJECTIVE
COMPETENCY COMPONENT	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.
KNOWLEDGE	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.
SKILL	Participants will explain from an ethical perspective, why children with disabilities should participate in typical preschool programs.	Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.	Participants will synthesize legal requirements and ethical considerations related to inclusion by predicting the outcome of cases for specific children.
VALUE/ATTITUDE	Participants will list potential benefits of inclusion for children, families, and teachers.	Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.	Participants will generalize a philosophy statement to guide a school system in the direction of inclusion.

The third form of adaptability is implied by the term module itself. Each module is intended to have an "accordion-like" quality so that, while each is a complete "package" entailing about five hours of instruction, sections can be selected, at the discretion of the group leader, depending upon: (1) needs of the participants, and (2) time availability. The module is also adaptable in the sense that it can be used for individual self-instruction as well as group instruction by a leader.

Other criteria employed in developing and refining the modules were:

- The **goals** for the module are clear to the leader and to the participants.
- Each **activity** is congruent with the objective with which it is associated.
- The module is, insofar as possible, **self-contained and self-sufficient** — that is, all needed materials are provided or readily available.
- **Terms** are appropriately used and clearly defined.
- The module is designed to hold the **interest and motivation** of those using it.

For each objective, a matrix identifies enabling activities, resources for use in conducting these activities, and leader notes (suggestions, possible supplemental materials, etc.). The following example of a matrix from one module is representative of this plan of organization and illustrates how resources and notes are linked to activities.

LEVEL: STAFF

GOAL: Comprehend the significance of play in the development of young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand (recognize) the relationship between play and the developing child.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
10. Discuss stages of play that children experience as viewed by several theorists. – Mildred Parten – Piaget – Sara Smilansky – Others	10. Use Handouts *Mildred Parten's Developmental Stages of Social Play* *Piaget's Theory of Play* *Sara Smilansky* *Others*	10. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read *Special Needs: Play and Learning*. Also read *Play As A Medium for Learning & Development. A Handbook of Theory and Practice* by Bergen.
11. Review *Four Trends Pertinent to Play.*	11. Use Transparency *Four Trends*	11. Read and study leader notes, *Four Trends Pertinent to Play.*
12. Review stages of cognitive play.	12. Use Handout *Stages of Cognitive Play*	12. Cognitive play is used here as one example. If time permits, other domains could be discussed.
13. Review the way play can contribute to the preschool child's overall development.	13. Use Transparencies *As Adults* *All people ...*	13. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read Section 2 in *Play As A Medium for Learning and Development* by Bergen.

Enabling Activities — This column lists the recommended activities that will lead to the accomplishments of the objectives.

Resources — The materials listed in this column are those needed to complete the recommended activities

Leader Notes — Special recommendations to the in-service leader on conducting the suggested activities are provided in this column.

MULTI-STAGE PROCESS OF DEVELOPMENT AND REVIEW

Having identified their respective topics, the teams developed their modules during the 1990-91 school year, sharing progress reports at a series of planning meetings. This stage culminated in more formal presentations of the "work-in-progress" to members of all module development teams. Project Prepare staff, and a Reactor Panel. Comments and suggestions elicited through this process were incorporated in feedback meetings of the Reactor Panel with each team.

Throughout the 1991-92 school year, a two-stage field test procedure was implemented. First, each team presented a five-hour training session of their module at a primary training site. Evaluation data obtained from these sessions included feedback from the leaders, the participants, and also an invitational group of observers. Observers included steering committee members, members of other teams, and project coordinating staff. Participants in each primary training session were given the opportunity to participate in secondary training, that is, to conduct a five-hour training session using any of the nine modules, providing similar evaluation data. A total of 18 secondary training sessions were held. The results of the primary and secondary training yielded data used in considering modifications.

Overall, both participants and leaders who supplied feedback on the field test sessions were very positive about the training and materials. A total of 484 surveys were completed by in-service participants. Those who responded represented individuals from diversely populated areas: rural (37%), urban (16%), urban and suburban (14%), rural, urban and suburban (14%), suburban (8%), and rural and urban (7%). Almost all (98%) felt that the activities presented at their sessions related to the in-service topic. A similar response was found for consistency with philosophical premises. Most believed that the in-service training was consistent with developmentally appropriate practice (98%), exceptionality appropriate practice (90%), integration (91%), and family and professional collaboration (93%). The majority of those who did not respond positively to these items on consistancy "did not know" whether or not there was consistency.

The greatest amount of disagreement was found on the item which asked whether the training was sensitive to multicultural issues. Seventy two percent of those responding indicated "yes," while 16% said "no" and 16% "did not know." As a result of this feedback the issue of sensitivity to diversity was strengthened in the materials during the final revision.

Additional positive feedback from participants showed that 93% felt that activities were appropriate for the audience, 96% believed the interest level was acceptable or terrific and 95% would recommend the training to others. No significant differences were found among responses from different types of audience participants (i.e., teachers, psychologists, parents, etc.) or among groups from varied populations (i.e., urban, rural, suburban, etc.).

The feedback provided by the 21 in-service leaders who completed response surveys was quite similar to that shared by the participants. Most (91%) felt that the materials allowed them to meet their objectives and that activities related to the goals stated in the modules. Almost all believed that the materials were consistent with developmentally appropriate practice (95%), exceptionality appropriate practice (95%), integration (94%), and family and professional collaboration (95%). Sixty three percent of the leaders responding believed that the materials were also sensitive to multicultural issues, while 31% "did not know," and 5% felt that they did not adequately address this premise. As stated above, this information was used to identify and make needed revisions.

In addition, most leaders (88%) found the activities to be appropriate for all audience participants and that materials were designed to accommodate various audiences (91%). All (100%) found the interest level to be acceptable or terrific. Seventy five percent of the leaders noted that all required materials were provided and 95% believed that module materials could be used for in-service training sessions that varied in length (i.e., amount of time).

In regard to the use of the modules by leaders, most found them easy to use (95%), well organized (84%), to have clear directions (94%), and to have clear (100%), and complete (89%) leader notes. Minor revisions were made following the field test to increase these charateristics in the set.

Strong support by the leaders for the competency-based modules was found in the fact that all (100%) reported that they would use the same module again and many (89%) said that they would use other modules in the set. Finally, all leaders (100%) indicated that they would recommend the modules to other professionals who conduct in-service training.

Each module development team having made every effort to insure that their product satisfied each of the basic criteria, then used the feedback to refine and modify their final product. During the entire process each module was subjected to conscientious and detailed peer review. Directives ranged from minor editorial changes to significant and substantive additions, deletions, and reworkings. Team cooperation and genuine enthusiasm was evident throughout the entire process, as was their creativity, resourcefulness, thoroughness, and skill. Their efforts combined with the expertise and conscientious work of the Project's Steering Committee, cross-module review teams, the Reactor Panel, internal and external expert reviewers, and the Project Consistency/Finalization Task Force made for a truly collaborative project and a total quality product.

PROJECT PREPARE

Module Introduction

Preschool Integration

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ABSTRACT

This module is designed to provide personnel with fundamental information to support and discuss preschool integration as an effective means to educate infants and young children, including children with special needs. The activities are planned to familiarize personnel with what constitutes preschool integration, why preschool integration should be provided, and how preschool integration may be accomplished. Through acquisition of this information, personnel will become familiar with an operational definition of preschool integration, the legal, ethical, and efficacy issues associated with preschool integration, some strategies for developing a plan to implement preschool integration while considering current resources, and some model programs where preschool integration has been accomplished.

GOALS

The goals for this module are as follows:

1. Define preschool integration and become aware of its impact.
2. Know the legal and ethical bases for preschool integration.
3. Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.
4. Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.
5. Become familiar with model programs providing integrated service.

GOAL #1 Define preschool integation and be aware of its impact.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Define integration in terms of the continuum of service options available in early childhood special education.	Define integration in terms of implications for practice.	Define integration in terms of implications for program development.
Knowledge Objectives	Participants will recognize the continuum of service options available for children with special needs.	Participants will know various types of teams/practices available and how they could function in integrated settings.	Participants will know various types of teams/practices available and how they could function in integrated settings.
Skill Objectives	Participants will be able to define least restrictive options in terms of the continuum of services available.	Participants will be able to integrate individual goals for one child using an interdisciplinary team format.	Participants will be able to recognize and assist dysfunctional staff interaction.
Attitude Objectives	Participants will be aware of the value of least restrictive options for children.	Participants will be aware of the implications/benefits of role release.	Participants will be aware of the values/characteristics which facilitate team function and the value of screening potential staff for them.

GOAL #2 Know the legal and ethical basis for preschool integration.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.
Knowledge Objectives	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal and state law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.
Skill Objectives	Participants will explain from an ethical perspective, why children with disabilities should participate in typical preschool programs.	Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.	Participants will synthesize legal requirements and ethical considerations related to integration by predicting the outcome of cases for specific children.
Attitude Objectives	Participants will list potential benefits of integration for children, families, and teachers.	Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.	Participants will generate a philosophy statement to guide a school system in the direction of inclusion.

GOAL #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Recognize that preschool integration is an effective way to teach.	Recognize the practices in preschool integration that make it an effective way to teach.	Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.
Knowledge Objectives	Participants will know basic assumptions underlying the efficacy of preschool integration.	Participants will know the conditions necessary for effective mainstreaming in early childhood programs.	Participants will be aware of the direction early childhood education is headed and provide rationale for supporting curriculum integration based on efficacy.
Skill Objectives	Participants will be able to trace a brief history of the efficacy of early intervention programs, including children at risk and those with disabilities.	Participants will know the teaching strategies for effective integrated teaching and utilize quality indicators to assess team practice.	Participants will know teacher attributes that facilitate preschool integration.
Attitude Objectives	Participants will be aware of the positive effects of early intervention programs and frequently raised questions and answers concerning integration.	Participants will realize that positive attitudes and expectations for children and high family involvement facilitate preschool integration and lead to positive outcomes.	Participants will be able to justify program design on the basis of philosophy and available options and the cost/effectiveness associated with various models.

GOAL #4 Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Describe how integrated services are provided by using existing resources and modifying current techniques.	Provide integrated services by modifying current techniques and creating new strategies to meet emerging needs.	Support integrated programs by recognizing global issues, staff concerns, and program needs.
Knowledge Objectives	Participants will know about various resources within the community that can be applied in the classroom.	Participants will know the first issues to consider and the steps to take to facilitate integration.	Participants will recognize possible issues which may impact their program.
Skill Objectives	Participants will develop a list of resources available in their own communities.	Participants will be able to modify a typical preschool activity.	Participants will develop a list of in-service topics to meet staff needs and address listed issues.
Attitude Objectives	Participants will appreciate the wealth of information within the community, among colleagues, and within their own practice.	Participants will recognize the value of systematically examining "opportunities available" for successful integration.	Participants will determine in-service resources and recognize the wealth of information available to address the listed issues.

GOAL #5 Become familiar with model programs providing integrated services.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Become familiar with model programs providing integrated services.	Become familiar with model programs providing integrated services.	Become familiar with model programs providing integrated services.
Knowledge Objectives	Participants will develop awareness of successful integrated programs.	Participants will develop awareness of successful integrated programs.	Participants will develop awareness of successful integrated programs by comparing/contrasting features of these programs.
Skill Objectives	Participants will note methods and techniques useful in their own programs.	Participants will note methods and techniques useful in their own programs.	Participants will note methods and techniques useful in their own programs.
Attitude Objectives	Participants will recognize the value of utilizing existing resources/ programs to assist in the development of their own programs.	Participants will recognize the value of utilizing existing resources/ programs to assist in the development of their own programs.	Participants will recognize the value of utilizing existing resources/ programs to assist in the development of their own programs.

GLOSSARY

Adapt: Changing or modifying the time (schedule), space, materials, or expectations of the environment to better meet the needs of an individual child or class.

Adaptive behavior: Addresses self-help, independent functioning, and personal and social responsibility as is appropriate for a same-age peer and according to one's cultural group.

Adaptive computer access: Use of an alternative input device for the computer which gives the student with disabilities an alternate means of access when the regular keyboard may not be appropriate. These include expanded keyboards, switches, touch windows, joysticks, and voice input.

Adaptive firmware card: A special card placed inside the Apple computer which allows transparent access to commercial software by any one of 16 input methods, including scanning, Morse code, expanded keyboards, and adaptive keys.

Adaptive keyboard: An alternative keyboard usually attached to the computer with an adaptive firmware card. Adaptive keyboards are generally programmable and allow the student to send information to the computer in the most efficient form based on individual needs.

Age appropriate: Experiences and/or a learning environment that support predictable growth and development in the physical, social, emotional, and cognitive domains that are typical for children at specific chronological ages.

Anecodotal records: A brief account of a situation that provides a factual description of an incident, behavior, or event.

ANSI: American National Standards Institutes: Institute which adopted a standard for the threshold of normal hearing.

Anti-bias curriculum: Developmentally appropriate materials and equipment which project an active/activist approach to challenging prejudice, sterotyping, bias, and "isms."

Appropriate environment: Surroundings that are suited to both the age and the individuality of all children present.

Appropriate practice: Techniques or a style used with young children that is age and individually appropriate.

Assertive: To maintain or defend rights without being hostile or passive.

Assessment: The collection of information through different types of procedures such as criterion-referenced tools, norm-referenced tools, observation, interviews, and anecdotal records.

Assistive device: Any specific aid, tool, or piece of equipment used to assist a student with a disability.

Associative play: A type of play in which a child plays with others in a group and subordinates his/her individual interest to the interests of the group.

At-risk: Students that have a greater chance of experiencing difficulties developmentally or at school due to social, economic, environmental, or biological factors.

Augmentative and alternative communication (AAC): An integrated group of symbols, aids, strategies, and techniques used by a student to enhance communication abilities. The system serves to supplement the student's gestural, spoken and/or written communication abilities. AAC strategies include the full range of approaches from "low tech" concrete and symbolic ones to "high tech" electronic voice out-put systems.

Battery device adaptor: Adaptation which allows a battery-operated device to be activated by a switch.

Boot: The process of turning the computer on and loading a program into memory.

Byte: The area of storage needed for storing a single character of the alphabet in memory. One thousand twenty four bytes are equivalent to one K of memory. One byte is made up of eight on/off electronic impulses called "bits." Knowing how much memory is available on your computer will ensure appropriate planning for software selection.

Categorical orientation: A philosophical approach to assessment designed to yield a diagnostic label; labeling a child according to some presumably underlying condition (e.g., learning disability, mental retardation, or behavior disorder).

Center-based services: Educational services that are provided at a central location, typically through a classroom type format.

Character: Refers to any letter, number, punctuation mark, or space used to represent information on the computer.

Child-initiated activity: An activity selected by a child with little or no intervention by another child or adult.

Close-ended materials: Materials that have one or two ways in which children can play with them and which offer few opportunities for creativity and experimentation.

Cognition: Application of intellect as opposed to feelings/affect in mental processes.

Collaboration: Interaction between people to solve a problem; working and sharing together for a common goal.

Collaborative: A group of agencies and parents working together to ensure quality services for young children with disabilities.

Communication skills: Receptive and expressive language, facial expressions, body language, gestures, etc. that allow a child to respond across settings.

Computer: It is the processing unit, memory, and power supply source of the computer system. Attached to the computer are the monitor, the input device (e.g., keyboard), and the disk drive. [Also called the central processing unit (C.P.U.).]

Computer assisted instruction (CAI): Refers to all instruction which is conducted or augmented by a computer. CAI software can target the full range of early childhood curricular goals, with formats that include simple exploration, educational games, practice, and problems solving.

Computer switch interface: Device which allows single switch access to a computer.

Constructive play: Play in which a child purposefully manipulates materials in order to build structures and produce novel or conventional creations.

Control unit: The unit that enables electrical devices to be activated by a switch.

Cooperative play: Play in which a child plays with other children in activities organized to achieve a common goal, may include interactive dramatic play or formal games.

Co-playing: Occurs when an adult joins in an ongoing play episode but lets the children control the course of the play.

Criterion-referenced tests: Evaluation tools which are specifically constructed to evaluate a person's performance level in relation to some standard.

Curriculum-based assessment: An assessment of a child's abilities or behaviors in the context of a predetermined sequence of curriculum objectives.

Cursor: The small blinking symbol on the monitor which indicates that the computer is waiting to receive information.

Dedicated device: A device containing a computer processor dedicated strictly to processing and producing voice output.

Developmental: Having to do with the typical steps or stages in growth and development before the age of 18.

Developmentally appropriate: The extent to which knowledge of child development is applied in program practices through a concrete, play oriented approach to early childhood education. It includes the concepts of age and individual appropriateness.

Developmentally appropriate curriculum: A curriculum planned to be appropriate for the age span of the children within the group and is implemented with attention to individual and differing needs, interests, and skills of the children.

Developmentally appropriate practice (DAP): Curriculum which is appropriate to the age and individual needs of children.

Differentiated referral: Procedures for planning, implementing, and evaluating interventions which are conducted prior to referral for multifactored evaluation.

Digitized speech: Speech that is produced from prerecorded speech samples. While digitized speech tends to be more intelligible and of higher quality than synthesized speech other factors such as the speaker system play into the overall effect.

Direct selection: A selection which is made on a computer through either a direct key press or use of a light to directly point to the desired key.

Discrepancy analysis: A systematic assessment process in which skills required for a task are identified and compared to a child's current skills to determine the skills that need to be taught or for which adaptations need to be made.

Disk: The item used to store computer programs. [Also known as a diskette or floppy disk.]

Disk drive: Component of computer system which reads program information stored on disk.

Documented deficit: Area of development or functioning for a child that has been determined to be delayed based on data obtained through structured interview, structured observation, norm-referenced and criterion-referenced/curriculum-based assessments.

Domain-referenced tests: Evaluation instruments which emphasize the person's performance concerning a well-defined level or body of knowledge.

Dramatic play: Play in which a child uses objects in a pretend or representational manner. [Also called symbolic play.]

Eligibility: Determination of whether a child meets the criteria to receive special education services.

Evaluation: A comprehensive term which includes screening, assessment, and monitoring activities.

Event Sampling: A type of systematic observation and recording of behaviors along with the conditions that preceded and followed them.

Expanded keyboard: Larger adapted keyboards that replace the standard keyboard for a child whose motor control does not allow an efficient use of a regular keyboard. With the use of special interfaces, the size and definition of the keys can be alterd based on the needs of the child.

Expectations: The level of behavior, skill, and participation expected within the classroom environment.

Exploratory play: Play in which a child learns about herself and her world through sensory motor awareness and involvement in action, movement, color, texture, and sound. Child explores objects and the environment to find out what they are about.

Family: Parents and their children; a group of persons connected by blood or marriage; a group of persons forming a household.

Fixed vocabulary: Vocabulary that has been pre-programmed by the manufacturer within a communication device. In some cases it can be altered. In other cases, revisions must be submitted to the manufacturer for re-programming.

Formative evaluation: The collection of evaluation data for the purpose of supporting decisions about the initial and ongoing development of a program.

Functional approach: A philosophical orientation to assessment and curriculum which seeks to define a child's proficiency in critical skills necessary for the child to be successful at home, at school, in the community, etc.

Functional play: Play in which a child repeats simple muscular movements or utterances. The repetitive action provides practice and allows for exploration.

Funding advocate: Individual who assumes critical role of developing a funding strategy, pursuing appropriate sources and patiently advocating on behalf of the child until funds are procured.

Funding strategy: A methodical play developed by the funding advocate for procuring funding which is based on a determination of unique individual needs and an understanding of the resources and requirements of appropriate systems.

Generalization: The integration of newly-acquired information and the application of it to new situations.

Graphics: Pictures and other visual information generated by the computer.

Grief: Reaction to loss; feelings parents may experience when confronted with information about their child's disability.

Hardware: Refers to all electronic and mechanical components making up the computer system, including the computer, monitor, disk drive, printer, and peripherals.

I.D.E.A.: Individuals with Disabilities Education Act.

Identification: The process of locating and identifying children who are eligible for special education services.

Imaginative play: Play in which a child uses toys or objects for imitation, role-playing, and pretending.

Incidental learning: Information learned in the course of play and other informal activities without the need for any specific teaching.

Individual appropriateness: Experiences that match each child's unique pattern of growth, personality, learning style, and family/cultural background.

Individual Family Service Plan (IFSP): A written plan for an infant or toddler developed jointly by the family and appropriate qualified personnel.

Individualized Education Program (IEP): A written education plan for a preschool or school-aged child with disabilities between the ages of three and 21 which is developed by a professional team and the child's parents.

Informal tests: Measures that are not standardized and are developed to assess children's learning in a particular area.

Initialize: A necessary process for preparing a computer disk to store information for the first time. Any information on the disk will be erased when the disk is initialized.

Input device: Any component or peripheral device which enables the child to input information to the computer. While the keyboard is the most common, other input devices include switches, adapative keyboads, joysticks, power pads, and touch windows.

Integrated preschool: A preschool class that serves children with disabilities and typically developing peers in the same setting.

Integration: Participation of children with disabilities in regular classroom settings with typically developing children.

Integration (of technology): A process in which assistive technology is effectively utilized to provide a child who has disabilities equal opportunity to participate in ongoing curricular activities. It involves using technology to augment internal capabilities in the accomplishment of desired outcomes in academic, social, domestic, and community settings and involves awareness-building on the part of all staff and peers.

Interdisciplinary: A model of team organization characterized by professionals from several disciplines who work together to design, implement, and document goals for an individual child. Expertise and techniques are shared among the team so all members can assist the child in all domains; all members assess or provide direct service to the child.

Interface: A connection between a computer and an add-on peripheral device.

Interface card: A circuit board which can be inserted into one of the expansion slots to add specific capabilities to the computer. Examples are Adaptive Firmware Card™ or Echo™.

Interpersonal communication: Communication with others.

Intrapersonal communication: Communication with oneself.

I/O game port: Ports located on or in the computer that allow the user to plug in peripheral devices.

Itinerant services: Services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location.

Joy stick: An input device for the computer which has a control stick and two buttons. Rotating the stick moves the cursor in a circle. Pressing the buttons can control other program features.

K: Stands for kilo or 1,000 (actually 1,024) bytes of memory. A computer with 64K has storage for 64 kilobytes of data.

Keyguard: A plastic or metal sheet with finger-sized holes that covers a standard or alternative keyboard to help children who have poor motor control to select the desired keys.

LEA (Local Education Agency): The public school district which is responsible for a student's education.

Leaf switch: Flexible switch that is activated when bent or gently pressed.

Least restrictive environment (LRE): To the maximum extend appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Manipulative play: Play in which a child acts upon objects in order to physically explore and control the objects.

Mask: A cardboard or plastic device that is placed over keyboard sections on a computer or communication device to block out unnecessary keys and assist the child in focusing on the target keys for a particular function.

Maximize: Making maximal use of the materials and environmental cues readily available in the typical early childhood environment in order to enhance the participation skills of children with disabilities within that classroom setting.

Megabyte: A unit of measure for computer memory. One megabyte equals 1,048,576 bytes or characters.

Memory: Computer chips which have the capacity to store information. Information stored in Read Only Memory (ROM) is stored permanently for the computer and cannot be erased. Random Access memory (RAM) is a temporary storage area for programs and data. RAM is erased when the computer is turned off and therefore must be stored on a disk or hard disk drive.

Mercury (tilt) switch: Gravity sensitive switch which activates when tilted beyond a certain point.

Modem: A peripheral device which allows a computer to send and receive data from another computer over the telephone lines.

Monitor: A screen which provides a visual display of the information being processed by the computer.

Motor planning: The discovery and execution of a sequence of new, non-habitual movements. Examples: Climbing through an unfamiliar obstacle course, learning to remove a sweatshirt or to tie a bow. Once the sequence is learned, it does not require motor planning to repeat it.

Mouse: A computer device that controls the pointer on the monitor. By clicking a mouse, a child can provide input to the computer.

Multifactored assessment: An evaluation of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational decision. Such an evaluation includes professional staff from many disciplines.

Multidisciplinary; A model of team organization characterized by professionals from several discipines working independently who relate information concerning their work with an individual child to each other but do not coordinate, practice, or design a total educational program together.

Muppet learning keys: A touch sensitive keyboard designed specially for use with children. Letters and numbers are arranged in sequence, and keys are marked with colorful Muppet characters.

Norm-referenced tests: Tests that compare the performance of an individual against a group average or norm. Such tests often utilize standard scores, percentile ranks, age equivalencies, or developmental quotients.

Object permanence: The recognition of the existence of objects by children even after all or part of it is out of sight. Peek-a-boo is an early game to help baby begin to develop object permanence.

Observation: To take notice or pay attention to what children say and do in order to gather and record information for the purpose of interacting more effectively with them.

Open-ended materials: Materials which offer a wide range of opportunities for creativity and experimentation and that do not have just one or two ways in which a child can play with them.

Output: Any information that is transferred from the computer to another device such as a printer or speaker.

Output device: Any device that receives information from the computer and makes it available to the child in an understandable form. Output devices include monitors, printers, and speech synthesizers.

Overlay: Paper or plastic sheet which fits over a computer keyboard or electronic communication device containing symbols or icons depicting the information stored in the active areas below.

Parallel play: A situation in which a child plays independently with materials similar to those used by children playing in close proximity. Social contact is minimal.

Peer-initiated acitivity: A child becomes involved in an activity following the observation of a peer engaged in play or through invitation by that peer.

Peripheral: Any hardware device which is outside, but connected to, the computer. Peripherals include input and output devices such as joysticks, touch windows, adaptive keyboards, speech synthesizers, and printers.

Physical play: Action that is frequently social, may be competitive, and includes rough-and-tumble activities.

Plate switch: The most common type of switch. Downward pressure on plate causes circuit to be completed and connected object will be activated.

Play: Freely chosen, spontaneous, and enjoyable activities which assist in organizing cognitive learning, socialization, physical development, communication, etc.

Play-based assessment: Assessing children in a natural play-oriented setting as opposed to a traditional assessment environment in which the examiner controls the child's behavior through standardized testing procedures.

Play tutoring: An adult initiates a new play episode taking a dominant role and teaching the child new play behaviors.

Port: A socket on the back panel or on the logic board of the computer for connecting peripheral devices.

Power pad: A touch sensitive pad used as an alternate means of accessing the computer. Overlays define press areas necessary to activate special software programs.

Practice play: Involves the child's pleasurable repetition of skills that have been previously mastered.

Pressure sensitivity: Refers to the amount or degree of touch sensitivity required to activate a device.

Preventative approach to managing behavior: Adults set the stage for an environment that is child-centered, based on developmentally appropriate activities, expectations, and techniques, and organized to address positive discipline.

Printer: The device which produces a printed "hard copy" of the text or graphics from the computer.

Program: A set of instructions for the computer which allows it to carry out a specific function or task.

Programmable vocabulary: Refers to communication devices that can be programmed on site, as opposed to being returned to the manufacturer for programming.

Public domain software: Programs which are not copyrighted and are available for copying.

Public Law 94-142: A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children regardless of handicapping conditions (also called the Education of the Handicapped Act).

Public Law 99-457: *The Education of the Handicapped Act Amendments of 1986.* This law mandated services for preschoolers with disabilities and established the Part H program to assist states in the development of a comprehensive, multi-disciplinary, and statewide system of early intervention services for infants and toddlers (birth to age three).

Public Law 101-476: *The Education of the Handicapped Act Amendments of 1990.* This law changed the name of EHA to the Individuals with Disabilities Education Act (I.D.E.A.). The law reauthorized and expanded the discretionary programs, mandated that transition services and assistive technology services be included in a child's or youth's IEP, and added autism and traumatic brain injury to the list of categories of children and youth eligible for special education and related services among other things.

Pure-tone hearing test: Test that detects hearing loss using pure tones (frequencies) varing from 250 Hz to 8,000 Hz. This is the range that includes most speech sounds.

Rating scales: Tests used in making an estimate of a child's specific behaviors or traits.

Reliability: A measure of whether a test consistently measures what it was designed to measure. The focus is on consistency.

Role release: Mutual sharing of knowledge and expertise by professionals on a team in order to enhance service delivery to the child and family which enables each team member to carryout responsibilities traditionally assigned to another member of the team.

Running record: A narrative description involving a record of a child's behavior and relevant effects for a period of time.

Scanning: A process by which a range of possible responses is automatically stepped through. To select a response, the child activates the switch at the desired selection.

Screening: A process of identifying and referring children who may have early intervention needs for further assessment.

Self-control: The voluntary and internal regulation of behavior.

Shareware: Public domain software available for trial use prior to purchase.

Sip 'n puff: A type of switch which is activated by sipping or puffing on tubing.

Social competence: The ability of a child to interact in a socially acceptable and developmentally appropriate manner.

Software: The programs used by the computer which are available on both 3.5" and 5.25" disks.

Solitary play: A situation in which a child plays alone and independently with materials different from those used by children playing in close proximity. No social contact occurs.

Speech synthesizer: An output device which converts electronic text characters into artifical speech. A circuit card interfaces the computer and speaker, enabling the production of "spoken" output.

Standardized tests: Tests which include a fixed set of times that are carefully developed to evaluate a child's skills or abilities and allow comparison against a group average or norm.

Structured interview: An interview employing carefully selected questions or topics of discussion.

Structured observation: A situation in which the observer utilizes a predetermined system for recording child behaviors; also referred to as a systematic observation.

Structured play: Carefully planned activities with specific goals for adult/child, child/child, or child/materials interaction.

Summative evaluation: Evaluation strategies designed to measure program effectiveness.

Switch: A device that can be used to control an electronic object. A switch can be used as an alternative means of accessing an electronic toy or appliance, communication system, mobility device, or computer.

Switch interface: A connection between a switch and the object being controlled. A timer is an interface used to control how long the item will remain turned "on."

Switch latch interface: An interface which turns a device on and then off with each switch activation.

Symbolic play: Play in which a child uses one object to represent or symbolize another.

Synthesized speech: Speech that is produced by blending a limited number of sound segments. Because it is simply a combination of established sounds, it tends to sound robotic.

Systematic intervention: An approach which utilizes data collection to determine the effectiveness of the intervention.

Systematic observation: See "Structured Observation."

Tactile: Having to do with the sense of touch.

Teacher-directed activity: An activity in which the adult initiates and continues to supervise children's play. This type of supervision can be used to direct children, help them learn to initiate and attend to an activity, and to provide reinforcement for their participation.

Teacher-initiated activity: One in which the adult brings attention to an activity, but withdraws as children become involved and play on their own.

Time sampling: A type of systematic observation whereby tallies are used to indicate the presence or absence of specified behaviors over short periods of time.

Touch window: A touch sensitive screen designed as an alternative means of accessing the computer. The child simply touches the screen (attached to the monitor) to provide input to special computer programs.

Transdisciplinary: An effective team approach to IEP development and problem-solving which involves "role release" on the part of the team members resulting in problem-solving through a mutual sharing of all disciplinary perspectives. One professional is assigned the role of "primary" service provider.

Typically developing child: A child who is not identified as having a disability.

Unicorn keyboard: An alternative computer keyboard for use when a standard keyboard may not be accessable; 128 one-inch square keys can be redefined to create larger areas to accommodate the physicial capabilities of the child.

Unidisciplinary: Professionals from various disciplines (education, speech, motor, etc.) provide intervention services to the same child with little or no contact or consultation among themselves.

Unstructured play: Adult observes the child's play and attempts to fit into and be responsive to the play to the degree that the child allows or seems interested.

Validity: A measure of whether test items measure the characteristic(s), aptitude, intelligence, etc. that they were designed to measure.

VOCA: Voice output communication aid. This term refers to any electronic AAC approach which produces voice output.

Voice input: A voice recognition system which enables the computer to receive, recognize, and convert human voice input into data or other instructions.

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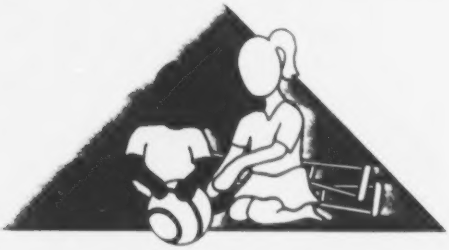
PROJECT PREPARE

Leaders Planning Guide
and
Evaluation Form

Integration



LEADER PLANNING GUIDE

In order to assure successful in-service presentations, a number of critical items must be addressed by the leader before, during, and after the training day.

Before the Training Day:

______ Arrange for setting (e.g., meeting room, chairs, lunch, and audio visual materials and equipment)

______ Prepare and disseminate flyer

______ Review module and prepare presentation
  a. Review Glossary
  b. Collect or prepare materials needed for selected activities (e.g., toys, videos)

______ Duplicate necessary overheads and handouts

______ Prepare and duplicate agenda

______ Duplicate Pre/Posttest
(May be sent before session and returned with registration in order to assist in planning)

______ Duplicate participant evaluation form

______ Prepare a sign-in form in order to gather name and position (discipline) of participants

During the Training Day:

______ Require each participant to sign in

______ Provide each participant with:

    ______ Agenda

    ______ CEU information (if applicable)

    ______ Pre/Posttest

    ______ Necessary handouts

    ______ Participant evaluation form (end of the day)

______ Explain CEU process (if applicable)

______ Explain participant evaluation process

_____ Have participants complete Pretest (if not completed earlier)

_____ Present module seminar

_____ Collect CEU information and checks (if applicable)

_____ Have participants complete Posttest and participant evaluation form

_____ Collect completed Posttest and participant evaluation forms

After the Training:

_____ Complete the leader evaluation form

_____ Mail a copy of the following to:
Project Prepare
Cuyahoga Special Education Service Center
14605 Granger Road
Maple Heights, Ohio 44137

_____ Leader evaluation form

_____ Compilation of Participant evaluation forms

*Are you seeking Project Prepare Certification? ____ Yes ____ No

*All qualified staff development leaders are encouraged to use the materials for the preparation of personnel who are working with young children who have special needs. Staff development leaders who wish to become certified Project Prepare Leaders are required to conduct a staff development session utilizating each of the nine Project Prepare modules. Each session must be at least five hours in length. Data regarding module certification will be gathered through the leader evaluation forms by Project Prepare, Cuyahoga Special Education Service Center. The names of the Project Prepare Certified Leaders will be placed on file with the Ohio Department of Education, Division of Early Childhood Education and the 16 Special Education Regional Resource Centers.

PROJECT PREPARE
LEADER EVALUATION FORM

Leader Name ______________________

Agency ______________________

Address ______________________

____

Date ______________________

SERRC Region ______________________

Module Title ______________________

Number of in-service participants __________

Using the sign-in form, please indicate the number of participants from the following disciplines or positions that attended the session.

Early Childhood Special Educator ( )

Early Childhood Educator ( )

Occupational Therapist ( )

Physical Therapist ( )

Speech/Language Therapist ( )

Special Educator ( )

Administrator ( )

Psychologist ( )

Teaching Assistant ( )

Parent ( )

Other (specify) ______________________

Please answer the following questions.

1. To what extent did these materials allow you to meet your in-service objective?

   ( ) Not at all ( ) Somewhat ( ) For the most part ( ) Completely

2. How would you rate the interest level of the activities?

   ( ) Low ( ) Average ( ) High

3. Would you recommend these materials to other professionals involved in early childhood staff development?

   ( ) Yes ( ) No

4. Comments ______________________

PARTICIPANT EVALUATION FORM

INTRODUCTION: Thank you for attending this in-service session. We would appreciate receiving your feedback on the success of the training on the questions listed below. The information that you provide will be used to help us plan future events.

DIRECTIONS: Please answer item 1 by placing a (√) beside your current position. For items 2 through 9 check the response that most closely matches your feelings about each statement. Supply the requested information for items 11 through 13.

1. Current Position:
   - ( ) Early Childhood Special Education Teacher
   - ( ) Early Childhood Teacher
   - ( ) Special Education Teacher
   - ( ) Regular Education Teacher
   - ( ) Speech/Language Therapist
   - ( ) Physical Therapist
   - ( ) Occupational Therapist
   - ( ) Administrator
   - ( ) Teaching Assistant
   - ( ) Parent
   - ( ) Other (please specify) ____________________

	Unacceptable	Poor	Average	Good	Excellent
2. Overall, I felt that the in-service session was	( )	( )	( )	( )	( )
3. I felt that the organization of the in-service activities was	( )	( )	( )	( )	( )
4. The presenter's approach to sharing information was	( )	( )	( )	( )	( )
5. My understanding of the information presented today is	( )	( )	( )	( )	( )
6. The way in which this session met my (professional/ parenting) needs was	( )	( )	( )	( )	( )
7. The new ideas, skills, and/ or techniques that I learned today are	( )	( )	( )	( )	( )

	Unacceptable	Poor	Average	Good	Excellent
8. My motivation level for using the information and/or techniques presented today is	( )	( )	( )	( )	( )
9. The way in which children and/or families that I work with will benefit from my attendance today is	( )	( )	( )	( )	( )

10. Would you recommend this workshop to others?

( ) Yes ( ) No

11. What were the most useful aspects of this in-service?

12. Which aspects of the training do you feel could be improved?

13. Do you have any specific needs related to this topic that were not met by this in-service?

( ) Yes ( ) No

If yes, what additional information would you like to receive?

Integration (General)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define integration in terms of the continuum of service options available in early childhood special education.
					2. Understand generally the legal and ethical basis for including children with disabilities in typical preschool programs.
					3. Recognize basically that preschool integration is an effective way to teach.
					4. Provide integrated services by using existing resources and modifying current techniques.
					5. Be familiar with model programs providing integrated services.

Comments:

Integration (Staff)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define integration in terms of implications for practice.
					2. Understand the practical aspects of the legal and ethical basis for including children with disabilities in typical preschool programs.
					3. Recognize the practices in preschool integration that make it an effective way to teach.
					4. Provide integrated services by modifying current techniques and creating new strategies to meet emerging needs.
					5. Be familiar with features of successful integrated programs.

Comments:

Integration (Administrator)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define integration in terms of implications for program development.
					2. Identify relevant sections from federal and state law and ethical issues related to including children with disabilities in typical programs.
					3. Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.
					4. Support integrated programs by recognizing global issues, staff concerns, and program needs.
					5. Compare/contrast features of integrated programs.

Comments:

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Integration

General

GOALS

1. Define preschool integration and be aware of its impact.

2. Know the legal and ethical basis for preschool integration.

3. Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

4. Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

5. Become familiar with model programs providing integrated services.

Integration

LEVEL: GENERAL

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Define integration in terms of the continuum of service options available in early childhood special education.

OBJECTIVE: Participants will recognize the continuum of service options available for children with special needs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Review the concept of integration: – Philosophy of integration. – Integration and the law.	1. Transparencies (G-T1, 2, and 3) *Definitions* *Integration* (Safford) *Integration* (Brown & Getz-Sheftel)	1. Transparency for group presentation; use Information Sheet (G-L1) for discussion of G-T1.
2. Review concept of labeling and the impact on children/expectations for children. – Stereotypes and labels. – Stereotypes and labels activity. – Place labels on back. – Meet five new people but treat according to label. – Discuss results as group. – Make connection between being labeled, the activity, and the concept of integration.	2. Leader Notes (G-L1) *I.D.E.A.* Leader Notes (G-L2) *Label Game* Handout (G-H1) *Stereotypes*	2. Activities: Complete label activity by: have participants wear labels on their backs ("treat me like a child … like I need help standing up … talk in front of me"). (See *Label Game* (G-L2) in this section for possible labels to be used.) Discuss effect of labels on interactions. Use for self-study or group presentation. Can be used as Transparency. Use with group presentation. – Good "get acquainted" activity. – Encourage mingling by "meeting new people" or "circling room." Note for audience Those wearing labels which lead others to ignore them (designated by a star) tend to move to outside of group or congregate together. Ask participants to discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) may also contribute to expectations.

G-T1

DEFINITIONS

MAINSTREAMING: Programs for children without disabilities in which SOME children with disabilities are enrolled. (Ratios reflect those in typical population.)

INTEGRATION: Program designed specifically to include children with disabilities with children who have no identifiable disabilities. (Ratios tend to be higher than those found in a typical population.)

INCLUSION: Philosophy that all children have the right to be included with their peers in all age-appropriate activities throughout life. Inclusion occurs naturally, should not require special program designs, such as integration or mainstreaming.

(for the use with discussion of *Definitions* Transparency)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

(I.D.E.A., P.L. 101-476)
On October 30, 1990, the President signed into law the reauthorization of discretionary programs of what, since 1975, was named The Education of All Handicapped Children Act (P.L. 94-142). Included in the reauthorization are several substantive amendments which will significantly improve supports and services to students with disabilities. Of particular interest is the following amendment:

Terminology
- People-first language "Handicapped children" is replaced with "individuals with disabilities."

- Title of the Act was changed from Education of the Handicapped Act (EHA) to I.D.E.A.

Other amendments not directly pertinent to training of preschool personnel:

Transition Mandated in IEPs
- A definition of transition services was added: "(A) coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation."

- Transition must be included in the IEP, beginning no later than age 16, may be 14 or younger.

- New competitive grant authority was created for joint applications by the state education agencies and state rehabilitation agencies to provide transition services.

Assistive Technology
- Assistive technology defined and included throughout the Act to assure that students receive them from trained personnel.

Waiver of State Sovereign Immunity
- States are not immune from suit in federal court for the violation of I.D.E.A.

Minority Provisions
- Priority to train minority pesonnel.

- Priority given to minority students for receipt of fellowships or traineeships.

- Parent training centers are now required to include minority parents and professionals on the boards of these centers and their programs.

G-T2

INTEGRATION

1. The educational placement of a child with a disability outside the regular classroom would have to be justified by compelling evidence that such placement is appropriate, rather than the reverse.

2. An educational setting that does not provide for at least some degree of integration of children with and without handicaps can **never** be considered appropriate.

Safford, P.L. (1989) *Integrated Teaching in Early Childhood: Starting in the Mainstream (p. 82).*

INTEGRATION

The least restrictive mandate of P.L. 94-142 can only be interpreted as being fulfilled if the programming is conducted in an integrated setting. The degree and type of integration needs to be individually determined for each young child with a disability, but whether integration is provided does not.

Vincent, L., Brown, L., & Getz-Sheftel, M. (1981) Integrating handicapped and typical children during the preschool years. The definition of best practice. *Topics in Early Childhood Special Education 1* (1), 17-23.

LABEL GAME

HELP ME STAND UP STRAIGHT 1	WATCH ME I'M A DISCIPLINE PROBLEM 2	TALK LOUD I CAN'T HEAR YOU 3
HELP ME STAY IN MY SEAT 4	IGNORE ME 5	I NEED HELP WITH EVERYTHING (BUT DON'T ASK FIRST) 6
TALK VERY SLOW 7	TALK ABOUT ME WITHIN MY HEARING 8	USE VERY SIMPLE LANGUAGE 9
MAKE SURE I DON'T FAIL 10	TALK ABOUT MY APPEARANCE 11	STAY AWAY FROM ME 12
TEST ME ON MY WEAK SKILLS 13	TOUCH ME WITHOUT WARNING 14	I NEED HELP 15
ASK ME TO REPEAT MYSELF 16	BE CAREFUL I BITE 17	TALK TO ME LIKE I'M A 5-YEAR-OLD 18

Adapted from: Kids Come In Special Flavors, P.O. Box 562, Dayton, Ohio 45405.

LEADER NOTES

LABEL	NOTE
1. Stand Up	Warn first
2. Discipline	Watch effect of expectations
3. Talk Loud	Often doesn't help — can embarrass
4. Stay in Seat	Is it appropriate?
5. Ignore Me	Will often form own group or move to the outside fringe
6. Help With Everything	Can teach learned helplessness
7. Talk Slow	Don't overdo
8. Talk About Me	Basic respect for all
9. Simple Language	Often reduce language without thinking (or being necessary) especially when talking with people with poor articulation
10. Don't Fail	Need to be allowed to learn from mistakes
11. Appearance	Often don't know what to say — especially to parents
12. Stay Away	Note same as #5
13. Test Me	
14. Touch Me	Always warn — especially if person is visually impaired
15. Need Help	Always ask first
16. Repeat Myself	Can be irritating — find other ways of communicating
17. I Bite	Be careful not to send avoidance signals while monitoring behavior/protecting self
18. Five-Year-Old	Don't talk down — level of expectations

STEREOTYPES

What is the first characteristic which comes to mind when you read the following terms?

Visual Impairment —

Hearing Impairment —

Behavior Disorder —

Cerebral Palsy —

How can "Labels" provide a positive impact on your practice?

How can they provide a negative impact?

How can you reduce this negative impact?

62

LEVEL: GENERAL

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: SKILL

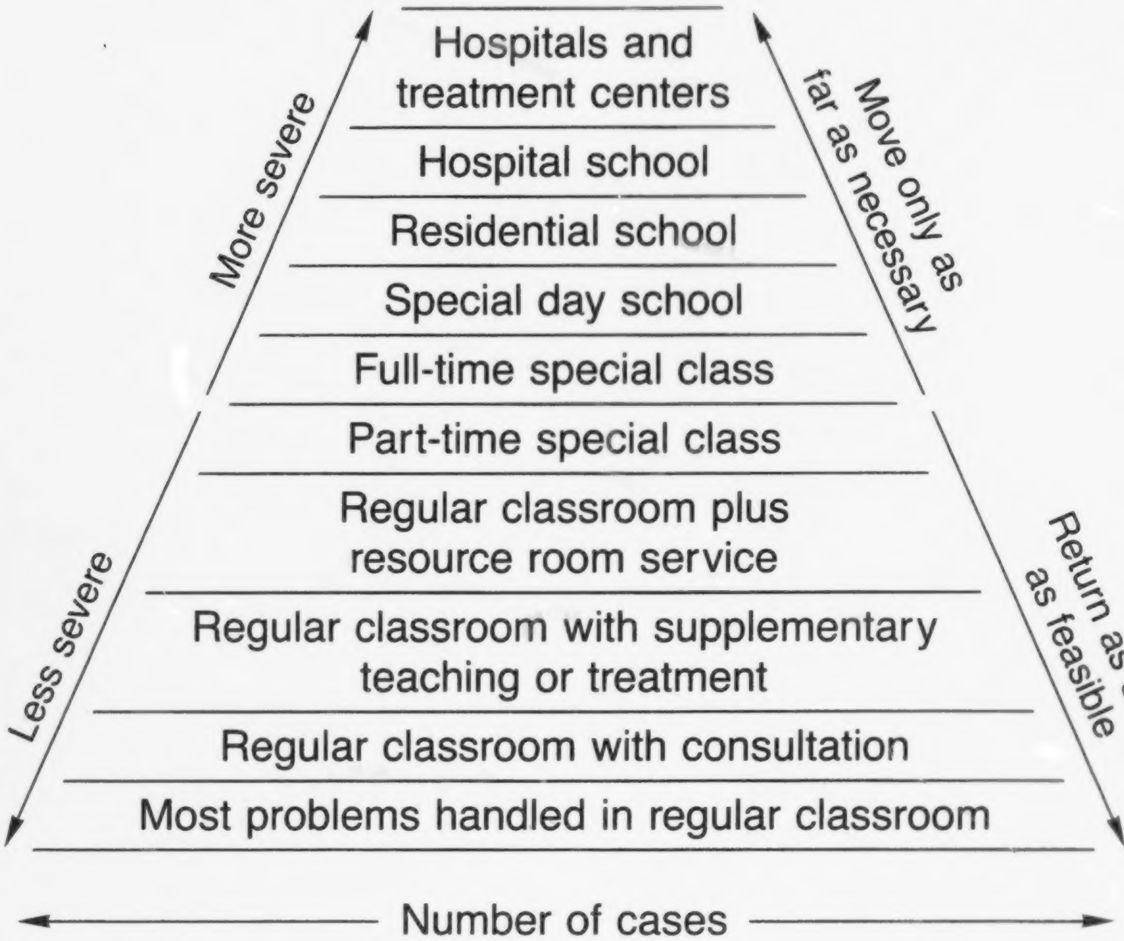
COMPETENCY COMPONENT: Define integration in terms of the continuum of service options available in early childhood special education.

OBJECTIVE: Participants will define least restrictive options in terms of the continuum of services available.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review hierarchy of educational settings available. – Continuum of service options. – Definition of least restrictive environment.	1. Transparency (G-T4) *Continuum of Services* (Reynolds) Transparency (G-T5) *Least Restrictive Environment* (Peterson)	1. Transparencies for group presentation. – Be careful of feelings of those working in segregated programs. – Stress integration as continuum rather than the common misconception of "all or none." – Note that an integrated setting can better support respect for other types of diversity also (e.g., ability, cultural, racial, religious, gender, etc.). For example — regular preschool classroom units. This fact automatically increases the amount of diversity among the children.

G-T4

CONTINUUM OF SERVICES



More severe

Less severe

Move only as far as necessary

Return as soon as feasible

Hospitals and treatment centers

Hospital school

Residential school

Special day school

Full-time special class

Part-time special class

Regular classroom plus resource room service

Regular classroom with supplementary teaching or treatment

Regular classroom with consultation

Most problems handled in regular classroom

Number of cases

Taken from: Reynolds, M. C. (1962). A framework for considering some issues in special education. *Exceptional Children, 29,* (pp. 367-370). (Model on p. 368.)

LEAST RESTRICTIVE ENVIRONMENT

Is the setting ...

1. providing intervention that will assist the child in becoming more capable of functioning later in a less restrictive environment?
2. culturally compatible with the values and practices of the child's parents and family?
3. equipped to provide the forms of stimulation and care that are age-appropriate for the child and in harmony with the child's individual needs?

Peterson, N.L. (1987). *Early Intervention for Handicapped and At-Risk Children: An Introduction to Early Childhood Special Education.*

LEVEL: GENERAL

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Define integration in terms of the continuum of service options available in early childhood special education.

OBJECTIVE: Participants will be aware of the value of least restrictive options for children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Brainstorm: – Strategies for integration for each placement on the continuum. or – Strategies for integration in self-contained or segregated facilities.	1. Transparency (G-T4) *Continuum of Services* (Reynolds) previous section Transparency (G-T6) *Ways to Integrate*	1. Transparency for group presentation – Encourage movement beyond "integrate for lunch and recess" mentality.
2. Information Sheet: – Resources and programs available to assist in developing a preschool-level awareness program concerning disabilities.	2. Handout (G-H2) *Disability Awareness* Handout (G-H3) Resources List	2. Discuss local programs available to teachers in the area.

“WAYS TO INTEGRATE”

Directions: How could you provide integrated activities in the following programs?

Segregated schools or facilities:

Self-contained classrooms:

G-H2

KIDS TOGETHER!

Young children see the world from their own unique perspective. They have special concerns, perceptions, and questions about differences and disabilities. The early years are a crucial period in the formation of the values and attitudes which are carried throughout an individual's life.

A
Disability
Awareness
Program
for
Young Children

helping young children begin to understand disabilities and differences ...

Kids Together! ... a disability awareness program of the Achievement Center for Children (formerly the Society for Crippled Children of Cuyahoga County, Inc.) is designed for children ages three through seven to help them understand and accept people with disabilities. The program addresses the specific developmental levels and learning styles of young children. By creating positive attitudes toward people with disabilities at a time when children's attitudes and values are still flexible, we hope to encourage friendship and understanding between people with disabilities and those who are non-disabled.

Kids Together! ... includes a puppet show, the introduction of equipment and aids such as wheelchairs, walkers, canes, etc., activities, books, and discussion. The program is designed to be presented by both the classroom teacher and representatives of the Achievement Center for Children. Teachers are provided with literature and discussion ideas which enables them to introduce the concept of differences and similarities among all people to their classes. No previous knowledge about disabilities is required; the teachers will learn about disabilities and differences with their class. Trained volunteers and Achievement Center for Children staff present the puppets and lead groups of children through activities which introduce the concept of disabilities. Follow-up activities materials and resources are provided for teachers to further help children recognize and appreciate differences, including disabilities, while focusing on the similarities we all share. Information for parents is included, and consultation is available.

Kids Together! ... is available to early childhood programs, kindergartens and early elementary school classes serving children ages three to seven where there is a commitment to present the pre and post materials. For further information, please contact Janine Brimbal at 795-7100.

EAST
11001 Buckeye Road
Cleveland, Ohio 44104
(216) 795-7100

WEST
14587 Madison Avenue
Lakewood, Ohio 44107
(216) 521-5050

CAMP CHEERFUL
15000 Cheerful Lane
Strongsville, Ohio 44136
(216) 238-6200

RESOURCE LIST

Children's Books: (Title, Author, Publisher)

Like Me, Brightman, A. — Little Brown (Retardation)

Sound of Sunshine, Sound of Rain, Heide, F. — Parents' Magazine Press (Blindness)

The Blue Rose, Klein, G. — Lawerence Hill (Retardation)

He's My Brother, Lasker, J. — Albert Whitman (Slow Learner)

Lisa and Her Soundless World, Levine, E. — Human Science Press (Hearing Impaired)

Don't Feel Sorry for Paul, Wolf, B. — Lippincott (Protheses)

Howie Helps Himself, Fassler, J. — Albert Whitman (Cerebral Palsy)

Teacher Resources:

The Kids on the Block, The Kids on the Block, Inc., Suite 510, Washington Building, Washington, DC 20005. (Kit: puppets, activities, cassettes, and guide)

Kids Come in Special Flavors, Kids Come in Special Flavors Co., P.O. Box 562, Dayton, OH 45405. (Kit: simulations, cassette, and materials)

My New Friends, Eye Gate Media, Jamaica, NY 11435. (Kit: four filmstrips and guide)

Special Friends, Listen and Learn Company, 13366 Pescadero Road, La Honda, CA 94020. (Kit: filmstrips, cassettes, and guide)

Like You, Like Me Series, Encyclopedia Britannica Education Corp., 425 N. Michigan Avenue, Chicago, IL 60611. (Kit: ten films with guide — cartoon format, six minutes each)

Anti-Bias Curriculum: Tools for Empowering Young Children, Derman-Sparks and the A.B.C. Task Force, National Association for the Education of Young Children.

Including All of Us: An Early Childhood Curriculum About Disabilities, Fosche, Colon, Rubin & Sprung, Education Equity Concepts: Gryphon House.

GOAL 2

Integration

LEVEL: GENERAL

GOAL: #2 Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine the excerpt (G-T7) which comes from P.L. 94-142. The Education for All Handicapped Children Act of 1975. This legislation: a. protects the educational rights of school-age children, and b. establishes the legal preference for including children with disabilities in typical programs.	1. Transparency (G-T7) *Legal Preference for Integration*	1. G-T7 can be used as Transparency and/or Handout in group presentations. Explain that the law has been renamed and is now called the Individuals with Disabilities Education Act (I.D.E.A.).
2. Why do we have such a law? On G-T8 list three reasons why the legal preference for integration might be justified in your own opinion.	2. Transparency (G-T8) *Reasons for Integration*	2. If this activity is conducted with small groups, brainstorm reasons for the legal preference for integration. Then compare with G-T7 in large group.

G-T7

LEGAL PREFERENCE FOR INTEGRATION

P.L. 94-142 The Education For All Handicapped Children Act requires assurance that:

... to the maximum extent appropriate children with disabilities are educated **with children who do not have disabilities**

AND THAT

... **removal of children with disabilities from the** regular educational environment occurs **ONLY** when the nature or severity of the handicap is such that education in regular classes with the use of supplemental aids and services cannot be achieved satisfactorily.

(P.L. 94-142, 20 USC 1412 Section 612, November 29, 1975.)

REASONS FOR INTEGRATION

Why do we have a legal preference for integration?

1.

2.

3.

4.

LEVEL: GENERAL

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will explain, from an ethical perspective, why children with disabilities should participate in typical preschool programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Compare your own ideas with "What We Know About Integration" (G-T9).	1. Transparency (G-T9) *What We Know About Integration*	
2. In addition to the legal basis for inclusion, many believe that inclusion is simply the right thing to do. Read the "Consumer Comments" included on G-T10. These are quotes from children, parents, and professionals. What insight do they provide? Based on these comments, what ideas come to mind in regard to potential benefits for these consumers. Include your ideas on G-T11.	2. Transparency (G-T10) *Benefits of Integration* Transparency (G-T11) *Benefits of Integrating Children*	2. G-T11 may be used as Handout/ Worksheet.

WHAT WE KNOW ABOUT INTEGRATION

1. One of the things that parents of young children with disabilities most desire is for their youngsters to develop friendships with same-age group peers.

2. No study that has assessed social outcomes for children in integrated versus segregated settings has found segregated settings to be superior.

3. If we ask the question, “What developmental outcomes are most likely to lead to successful post-school adjustment,” social skills is always the answer.

4. Children without disabilities have shown only positive developmental and attitudinal outcomes from integrated experiences.

(Philip Strain, 1988)

BENEFITS OF INTEGRATION

1. "It's not so much the program that helps Ryan as it is the other students. They respond to him, and he to them, in ways that make his physical disability, his not walking, so minimal."

(Parent of a child with a physical disability)

2. "I'm in kindergarten. Hooray!"

(5-year-old with Down's syndrome)

3. "Just because he doesn't talk doesn't mean he don't know nothing!"

(Typical 5-year-old peer)

4. "A different child helps bring forth a 'different' teacher."

(Kindergarten teacher)

BENEFITS OF INTEGRATING CHILDREN

Benefits for children:

1.

2.

Benefits for families:

1.

2.

Benefits for professionals:

1.

2.

LEVEL: GENERAL

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will list potential benefits of integration for children, families, and teachers.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. View the videotape entitled "Regular Lives." This video illustrates some of the benefits of integrating children at an early age. Or brainstorm possible benefits and concerns using Transparency (G-T12) on *Early Integration*.	1. Videotape "Regular Lives" (or another short video on preschool integration). Transparency (G-T12) *Early Integration*	1. This videotape is approximately 20 minutes in length. "*Regular Lives*" may be secured from: The Association for Persons with Severe Handicaps 7010 Roosevelt Way, NE Seattle, WA 98115 ($48.95)

EARLY INTEGRATION

Benefits:

- Cognitive
- Behavior
- Social/Emotional
- Language

Concerns:

- Classroom Dynamics
- Time Management
- Liability
- Teacher's Knowledge/Abilities

Integration

LEVEL: GENERAL

GOAL: **#3** Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Recognize the practices in preschool integration that make it an effective way to teach.

OBJECTIVE: Participants will know basic assumptions underlying the efficacy of preschool integration.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Ask (yourself) the question: "Is integration of children with disabilities with children who have no identified disabilities an effective way to teach?"	1. Transparency (G-T13) *Is integration of children with special needs with children who have no identified disabilities an effective way to teach?*	1. Transparency for group presentation.
2. Examine basic assumptions from "Why Integration in Early Education Works" Discuss scenario about homogeneous groups.	2. Transparency (G-T14) *Basic Assumptions* Transparency (G-T15) Scenario: *Homogeneous Group?*	2. Discuss basic assumptions (G-T14). Again, note how an integrated setting can also better support respect for and sensitivity to other types of diversity (e.g., ability, cultural, racial, religious, gender, etc.).
	Supplemental Resources Safford, P. L. (1989). *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 73-75, White Plains, NY: Longman, Inc.	

Is the integration
# of children with special needs
with children
who have **no** identified disabilities
an effective way to teach?

BASIC ASSUMPTIONS

1. All early childhood settings, mainstream, and special, are in fact "integrated," since all children are different and all classrooms heterogeneous.

2. We do not assume that every young child with a disability would appropriately be served in a mainstream classroom.

3. The arguments for integrated teaching come from a variety of different sources — value positions and philosophical beliefs, as well as scientific exploration.

4. Before we explore the effectiveness of integration, we must define "effectiveness" and agree on its meaning.

(Safford, 1989)

HOMOGENEOUS GROUP?

Imagine a nursery program enrolling ten four-year-olds.

To increase the likelihood of similarity among the ten, assume that all the children have passed their fourth birthdays, and that all ten live in comfortable suburban homes with both their parents (all of whom are in their thirties, with all fathers employed in professional capacities and all mothers are college-educated and currently not employed outside the home). Assume that all the families are Caucasian, have lived in the same geographic region for some time, and include no other children or family members (such as grandparents) living in the same home.

These ten children are, in fact, very different individuals.

Assuming that the classroom program allows expression of individual traits, behavior patterns, likes and dislikes, special interests, fears, and styles of interacting both with one another and with the classroom materials, you would see an "integrated" group of ten very different individuals.

The group would have certain distinct characteristics, determined by:

1. The distinctive individual personalities of its members;
2. The adult leadership;
3. The interaction of all the determinants.

Therefore, no matter how we construct a hypothetical class, making it absolutely homogeneous is simply IMPOSSIBLE.

Tend to think of mainstreaming as moving children with special needs from a **special** to a **regular** class.

Many children begin their schooling within regular settings and can remain there.

Integration does not always involve a change in placement. Nor should we assume that integration takes place only after a child's special needs have been "remediated."

Needs often continue and many children will continue to need special services — in the classroom, as supplemental services, or as part of the child's schedule.

LEVEL: GENERAL

GOAL: **#3** Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Recognize the practices in preschool integration that make it an effective way to teach.

OBJECTIVE: Participants will be able to trace a brief history of the efficacy of early intervention programs, including children at risk and those with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review Headstart and other significant programs which have had impact.	1. Media: Video — "Why They Can't Wait Til They're Older," Young and Special series	1. "Young and Special" series available at local SERRC.
Construct timeline.	Transparency (G-T16) *Timeline*	Transparency (G-T17) for group presentation.
Optional: – Read portions of reading or use video to supplement discussion.	Transparency (G-T17) *Brief History of Early Intervention Programs ...*	Timeline may be used as a Handout. Participants fill in Handouts as they follow discussion included in the *Brief History* ... series of Transparencies.
	Supplemental Resources Safford, P.L. (1989). *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 75-82.	

G-T16

TIMELINE OF CRITICAL EVENTS IN THE HISTORY OF INTERVENTION FOR CHILDREN BORN AT ENVIRONMENTAL RISK AND CHILDREN WITH DISABILITIES

1961

1965

1969

1972

1980

1986

BRIEF HISTORY OF EARLY INTERVENTION PROGRAMS FOR CHILDREN AT ENVIRONMENTAL RISK AND CHILDREN WITH DISABILITIES

Changing views about human intelligence

The Civil Rights Movement/The War on Poverty

DARCEE Project

Project Headstart

BRIEF HISTORY

Changing views about human intelligence: **Intelligence and Experience,** J. M. Hunt (1961).

The Civil Rights Movement/The War on Poverty

DARCEE Project (Rural South): To determine whether progressive educational retardation (cumulative deficit, as it was called) in children of deprived circumstances could be offset.

Result: produced gains, but these levelled off and declined once intervention ceased. Therefore, a pre-school program alone may be insufficient to offset progressive retardation; intervention needed to be comprehensive and continuing.

Project Headstart (Summer, 1965): Intervention for children of low-income families. Was difficult to evaluate.

Result: I.Q. gains eroded by about third grade. (Westinghouse Learning Corporation, 1969).

Therefore, one year is not sufficient to stabilize gains.

G-T17

CONTINUING EFFORTS AND COMPREHENSIVE APPROACHES

Project Follow Through

Project Home Start

Parent-Child Centers

I.Q. focus was criticized in light of very positive reports from individual programs.

Zigler & Valentine (1979) **Project Headstart: Legacy of the war of poverty** reported: positive outcomes for participating children in terms of physical, social, and emotional development (not necessarily reflected in scores on I.Q. tests).

G-T17

SUMMARY FOR EARLY CHILDHOOD PROGRAMS FOR CHILDREN AT ENVIRONMENTAL RISK

Good preschool programs for children at risk for school failure **do** better prepare them for school both intellectually and socially, **probably** help them to achieve greater school success and **can** lead them to greater life success in adolescence and adulthood.

(Schweinhart & Weikart, 1986)
Principal Spokespersons

LEVEL: GENERAL

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Recognize the practices in preschool integration that make it an effective way to teach.

OBJECTIVE: Participants will be aware of the positive effects of early intervention programs and frequently raised questions and resources concerning integration.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Brainstorm individually and write three *positive* effects of preschool integration.	1. Transparency (G-T18) *Possible Positive Effects of Preschool Integration*	1. Share positive effects with group. – Social skills. – Development. – Normalization. – Need for later SPED. – Better support for sensitivity to and respect of other types of diversity.
2. Large group activity Review research studies to show positive effects of early intervention programs.	2. Transparencies *Efficacy of Early Intervention for Children with Disabilities* (G-T19) (3 pages) *Perry Preschool Project Results* (G-T20) (2 pages) (Ypsilanti, MI, 1980) *Summary by Vincent, et al.* 1981. (G-T21) Transparency (G-T22) *Questions Frequently Asked* (Safford, 1989) **Supplemental Resources** Safford, P. . (1989) *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 76, 83, White Plains, NY: Longman, Inc.)	2. Discuss Transparencies.

POSSIBLE POSITIVE EFFECTS OF PRESCHOOL INTEGRATION

1.

2.

3.

EFFICACY OF EARLY INTERVENTION FOR CHILDREN WITH DISABILITIES

Two issues in evaluation of early intervention programs for preschool-age children and special education:

1. Can early childhood programs reduce the impact of disabling or at-risk conditions on later learning and personal social development?
2. Can early intervention prevent the need for subsequent special placement or other special services?

Findings have consistently documented the effectiveness of preschool intervention efforts for children with disabilities.

1. Programs **can** improve adaptive abilities and reduce secondary problems.
2. Evidence suggests early intervention for those with "established-risk" **can** increase likelihood of subsequent mainstreaming.

PRESCHOOL INTERVENTION AND CHILDREN WITH DISABILITIES

HCEEP

First Chance

Carolina Abecedarian Project

Perry Preschool Project

HCEEP — Handicapped Children's Early Education Programs

An efficacy study of 40 of these programs concluded:

"... educational programs for preschool handicapped children — whether they be infants or five-year-olds — can significantly improve the quality of children's lives."

First Chance Programs

An evaluation of 32 of these programs concluded: "⅔ of the children were subsequently mainstreamed compared to ⅓ in special education placement. Children's gains were 1½ to 2 times what would have been predicted without intervention and positive changes were reported by 97% of the parents."

Carolina Abecedarian Project

(An early intervention program for at-risk and developmentally delayed children under age five)

- maintained their significant gains throughout the elementary grades.
- their performance, following participation in the program which emphasized cognitive, linguistic, and social areas, was substantially superior to that of a control group, and at or near age-norms.

PERRY PRESCHOOL PROJECT
(Ypsilanti, Michigan, 1980)

Compensatory intervention for disavantaged children during preschool years resulted in:

- higher academic performance in school
- lower delinquency rates
- better prospects for earnings

Specifically, by age 15, preschool participants:

- were one grade ahead, on the average
- scored higher on reading, mathematics, and language achievement at every grade level
- displayed less antisocial behavior in school
- were more likely to hold after-school jobs as teenagers

	Participants	Controls
Graduated from high school	⅔	½
Scored average or above on test of functional competence	61%	38%
Rate of post-secondary enrollment	2	1
Special education placement (years)	2	3.5
Detention and arrest rate	31%	51%
Teenage pregnancy rate	1	2
Employment at age 19	50%	32%
Welfare assistance	18%	32%

Perry Preschool Project Cost Savings to Society (Schweinhart & Weikart; 1980, 1986)

1. Students who participated required less costly forms of education as they progressed through school.

2. Students who participated had higher projected lifetime earnings.

3. The value of parents' time released as a result of the child's attending preschool was considered an economic benefit.

4. The return on the initial investment was equal to seven times the cost of one year of preschool.

Later,

5. Reduced costs of education and increased actual, as well as predicted, earnings.

6. Decreased costs associated with delinquency, crime, and welfare assistance.

SUMMARY OF THE ISSUES RELATING TO RESEARCH AND PRACTICE WITH RESPECT TO INTEGRATION IN EARLY CHILDHOOD

(Vincent et al., 1981)

While certainly more research needs to be conducted which analyzes how to make integrated programs maximally beneficial to both handicapped and typical children, the current definition of best practice must be that integrated programming is always the first choice. Such programs have been shown to result in equal, if not greater, skill gain for handicapped students involved than segregated programs. Even severely handicapped children have been shown to benefit from integrated experiences, although they need only to be shown not to be harmed to justify such programming. Philosophically, integrated programs come close to exemplifying the principle of normalization. They provide opportunities for both parents and children to acquire positive information and knowledge about handicapping conditions. They maximize the possibility that young handicapped children will be recognized to be normal in some areas of development and that this similarity between handicapped and typical children will be highlighted (p. 23).

G-T22

QUESTIONS FREQUENTLY RAISED ABOUT INTEGRATION EFFECTS

1. Will children with disabilities be ostracized because of their differences?

2. Will children who are typically developing learn inappropriate behavior from some children with disabilities?

3. Is it possible to meet the diverse needs of both children with and without disabilities without some detriment to either?

GOAL 3

Integration

LEVEL: GENERAL

GOAL: #4 Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: SKILL

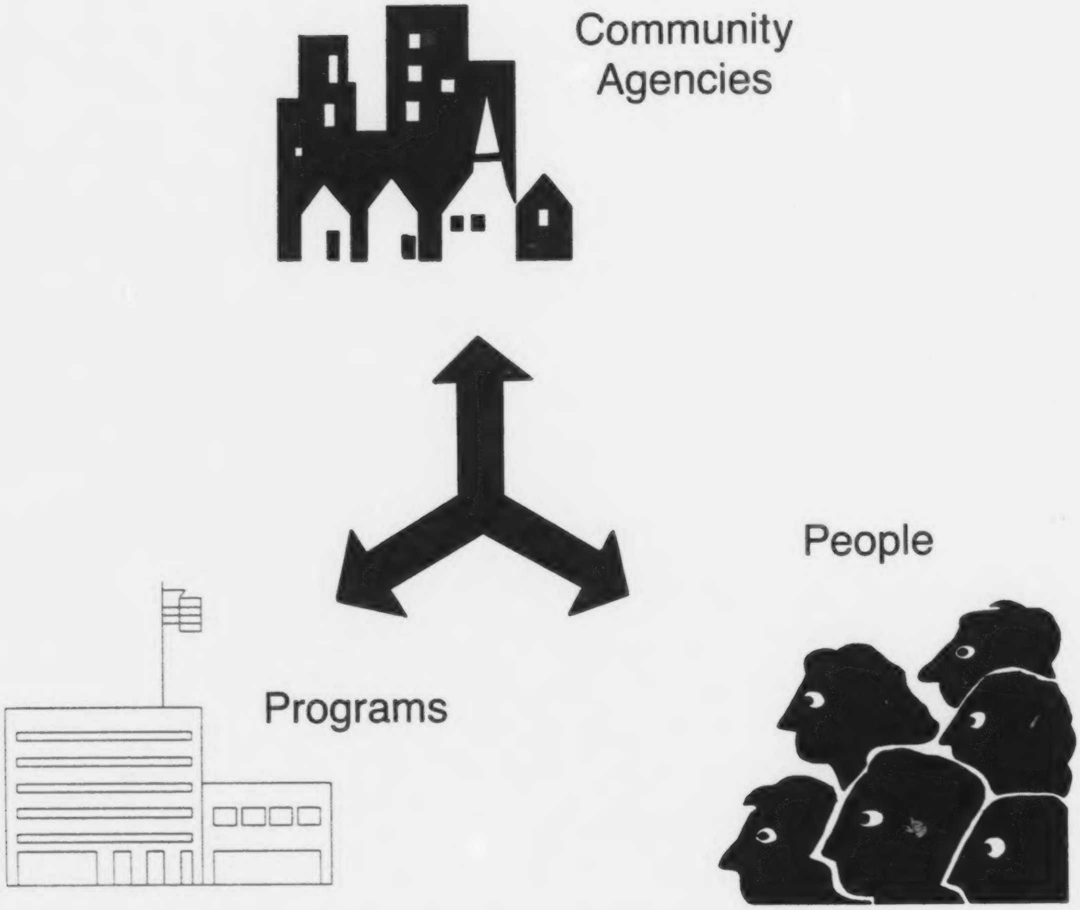
COMPETENCY COMPONENT: Describe how integrated services are provided by using existing resources and modifying current techniques.

OBJECTIVE: Participants will develop a list of resources available in their own communities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Develop list of resources in community. – Determine resources in each "source-area." – Examine pamphlets and brochures for new ideas/sources.	1. Transparency (G-T25) *Resources* – Brochures, pamphlets, etc. on national, state, and local resources.	1. Use transparency for large group; Handouts/Worksheets may be provided for small group or self-study. – Provide copies of brochures, program descriptions and information sheets for resources in area.

G-T23

RESOURCES

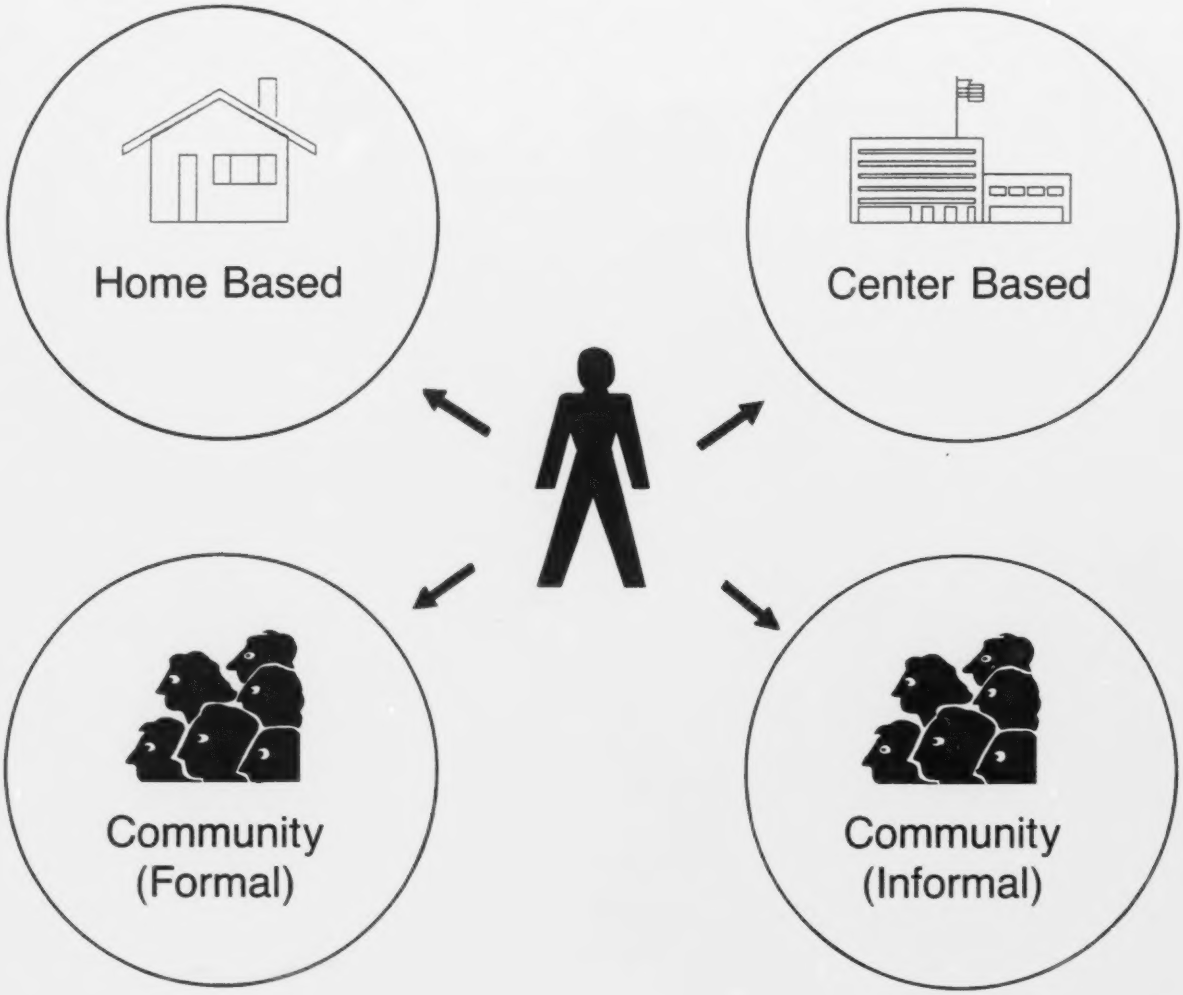


Community Agencies

People

Programs

PROGRAM OPTIONS



Home Based

Center Based

Community (Formal)

Community (Informal)

LEVEL: GENERAL

GOAL: #4 Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Describe how integrated services are provided by using existing resources and modifying current techniques.

OBJECTIVE: Participants will know about various resources within the community that can be applied in the classroom.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review sources of information and resources. – Describe the three sources of information. – Note how information use may need to be modified depending on program setting.	1. Transparencies (G-T23 and G-T24) *Resources* *Program Options*	1. Transparency group presentation. – Note how information or resources designed for schools can be applied in the home and vice-versa. (Encourage exploration of *all* resources.)

G-T25

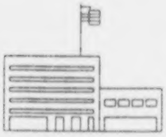
AVAILABLE RESOURCES

Directions: List local resources with which you are familiar. Share with others to develop a complete list of community resources.

Community Agencies

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________

Programs



1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________

G-T25

People

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

7. ____________________

8. ____________________

NOTES:

LEVEL: GENERAL

GOAL: **#4** Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Describe how integrated services are provided by using existing resources and modifying current techniques.

OBJECTIVE: Participants will appreciate the wealth of information within the community, among colleagues and within their own practice.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Analyze resources and information sources. – Recognize skills/information they already have/know about. – Recognize sources which can fill in gaps in knowledge.	1. Handout (G-H4) *Personal Information Sources*	1. Guide discussion of large group with personal reflection done on individual sheets.

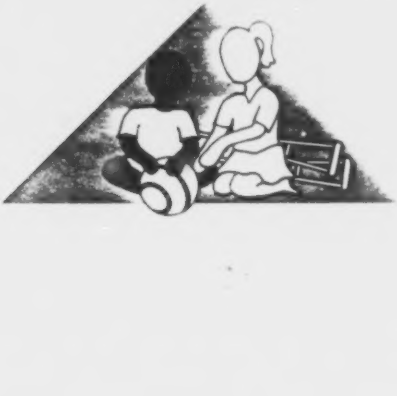
G-H4

PERSONAL INFORMATION SOURCES

TOPIC	SOURCES I HAVE	SOURCES TO INVESTIGATE

GOAL 4

Integration



LEVEL: GENERAL

GOAL: **#5** Become familiar with model programs providing integrated services.

COMPETENCY TYPE: KNOWLEDGE/SKILL/ATTITUDE/VALUE

COMPETENCY COMPONENT: Become familiar with model programs providing integrated services.

OBJECTIVE: Participants will develop awareness of successful integrated programs, note methods and techniques, and recognize the value of utilizing existing resources/programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Examine program descriptions of integrated sites. *Optional:* – View video of selected program. – Use guest speaker from local/model program to share information on program design.	Transparency (G-T26) *Selected Program* Handout (G-H5) *The Technical Assistance Program (TAP)*	Group presentation: Selected Programs — May distribute descriptions to small groups for them to read and then discuss with large group. Alternative: May need to develop handout with local program descriptions to better suit needs of audience in location other than Northeastern Ohio.

G-T26

SELECTED PROGRAMS

Cuyahoga County MR/DD Board
Serves: Children with disabilities
Ages: 0-2 2-5 half days
3-6 5 half days

North Royalton City Schools
Serves: Children with Speech-Language delays
Ages: 2-5
Two preschool classes integrate with Developmental Kindergarten

Headstart, Cleveland
Serves: Children in Interdisciplinary Preschool
Ages: 3-5
0-3

Medina City Schools
Serves: Children in Integrated Preschool
Ages: 3-5

Ravenna City Schools
Serves: Children with mild to moderate developmental delays
Ages: 3-5
Class integrates with Kindergarten two days per week
Physical barriers to building (not wheelchair accessible)

Summit County Integrated Preschool

Serves: Children in integrated preschool classrooms
Ages: 3-5

The financial sponsor is the Ohio Department of Education, Division of Early Childhood Education. Related services, such as speech-language therapy, are provided. Funding was made possible through the collaboration of seven local and city school districts in the Summit County area. Other services, such as transportation, are provided directly by the local school system. Teachers, psychologists, therapists, and supervisors are certified through the Ohio Department of Education.

The four main components of the program are to:

1. Provide quality educational classroom and/or home-based programming to children with a variety of disabling conditions.

2. Provide education to children in an integrated setting where functional activities are developed to facilitate the growth of each child. An integrated classroom allows children who have many types of strengths and needs, to model various skills for each other, to interact with a variety of children and to establish friendships with these children.

3. Provide support, assistance and consultation to families and schools in transitioning of children from preschool to kindergarten in the public schools.

4. Facilitate the formation and use of integrated evaluation and programming teams to meet the needs of children with disabilities and their families. In this structure, families, educators, and therapists give input into programs designed to facilitate development of each child.

THE TECHNICAL ASSISTANCE PROGRAM (TAP)

Program Description

The Technical Assistance Program, one of the many services of the Achievement Center for Children (formerly the Society for Crippled Children of Cuyahoga County, Inc.), is an outreach program which facilitates the integration of children, ages birth through eight, with disabilities into community programs.

Program Services

TAP Resource Teachers
- Assist families of children with disabilities in finding child care and preschool programs.
- Assist teacher/providers with integration through training, on-site support, and follow-up assistance.
- Link the teacher/provider with specialized community resources.

Program Eligibility

Children, ages birth–eight years, with the following disabilities are eligible for services:
- Orthopedic
- Speech/language delay
- Visual impairment
- Hearing impairment
- Chronic health condition
- Developmental delay or mental retardation
- Behavior handicap (on individual basis)

Philosophy

TAP's philosophy is that "children are more alike than different." TAP has demonstrated that children with disabilities can be successfully integrated into childcare centers, preschools, and family day care homes. The key to this is thorough preparation of parents, the child with the disability, the staff, and the other children and parents. This is done in close cooperation with the parent of the child with disabilities.

For further information call
The Technical Assistance Program (TAP)
(216) 795-7100

G-H5

TAP SERVICES FOR CHILD CARE PROVIDERS

TAP will prepare a staff or provider for enrollment of a child with special needs by

- explaining the handicapping condition and the child's specific needs.
- responding to staff/provider questions and concerns.
- helping providers learn how to explain a child's special needs to the other children in the center or home.
- securing pertinent information from agencies serving the child.

TAP will provide on-site assistance and support while a child with special needs is integrated into the program by

- being present in the classroom or in the home during the first days of placement as needed.
- observing and consulting with staff/provider regarding adaptations to program, space, and equipment.
- helping facilitate the teacher's visit to a special needs program serving the child.

TAP will provide resources for staff/provider as they integrate a child with special needs through

- staff inservice on relevant topics — can include films and filmstrips.
- TAP library loans — materials and books for children and adults about mainstreaming and handicapping conditions.
- equipment loan — to be used by the child in the center or home, or as a "hands-on" preparation material for use by the other children.
- presenting a program for children about handicaps — presentation includes handicapped puppets who explain the ways they are like everyone else, as well as different, and "hands-on" experiences with equipment used by people with handicaps.

TAP will help with questions from other parents about the integration of a handicapped child

- at a parent meeting.
- in a newsletter article.

TAP will remain in contact with parents, staff, and providers throughout a child's enrollment.

Technical Assistance Program (TAP)
The Achievement Center for Children
(Formerly The Society for Crippled Children of Cuyahoga County, Inc.)
11001 Buckeye Road
Cleveland, Ohio 44104
(216) 795-7100

Integration

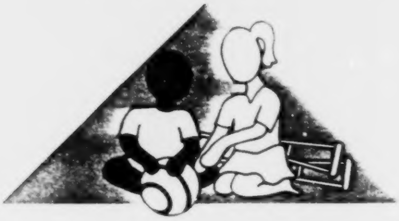
GOAL 5

GOALS

1. Define preschool integration and be aware of its impact.
2. Know the legal and ethical basis for preschool integration.
3. Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.
4. Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.
5. Become familiar with model programs providing integrated services.

GOAL 1

Integration



LEVEL: STAFF

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Define integration in terms of implications for practice.

OBJECTIVE: Participants will know various types of teams/practices available and how they could function in integrated settings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review concept of integration	1. Transparency (S-T1) *Definitions* Leader Notes (S-L1) *I.D.E.A.*	1. Discuss definitions
2. Large group activity Review types of team formations – Types of teams on continuum. – Roles/definition of various team types.	2. Transparencies (S-T2 and 3) *Types of Teams* *Team Roles*	2. Transparency for group presentation. – Some may not be using complex teams in their setting. Stress "characteristics" of sharing knowledge, etc., if it becomes an issue. – Encourage comments of "experienced interdisciplinary" team members.

S-T1

DEFINITIONS

MAINSTREAMING: Programs for children without disabilities in which SOME children with disabilities are enrolled. (Ratios reflect those in typical population.)

INTEGRATION: Program designed specifically to include children with disabilities with children who have no identifiable disabilities. (Ratios tend to be higher than those found in a typical population.)

INCLUSION: Philosophy that all children have the right to be included with their peers in all age-appropriate activities throughout life. Inclusion occurs naturally, should not require special program designs, such as integration or mainstreaming.

(for the use with discussion of *Definitions* Transparency)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

(I.D.E.A., P.L. 101-476)
On October 30, 1990, the President signed into law the reauthorization of discretionary programs of what, since 1975, was named The Education of All Handicapped Children Act (P.L. 94-142). Included in the reauthorization are several substantive amendments which will significantly improve supports and services to students with disabilities. Of particular interest is the following amendment:

Terminology

- People-first language "Handicapped children" is replaced with "individuals with disabilities."

- Title of the Act was changed from Education of the Handicapped Act (EHA) to I.D.E.A.

Other amendments not directly pertinent to training of preschool personnel:

Transition Mandated in IEPs

- A definition of transition services was added: "(A) coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation."

- Transition must be included in the IEP, beginning no later than age 16, may be 14 or younger.

- New competitive grant authority was created for joint applications by the state education agencies and state rehabilitation agencies to provide transition services.

Assistive Technology

- Assistive technology defined and included throughout the Act to assure that students receive them from trained personnel.

Waiver of State Sovereign Immunity

- States are not immune from suit in federal court for the violation of I.D.E.A.

Minority Provisions

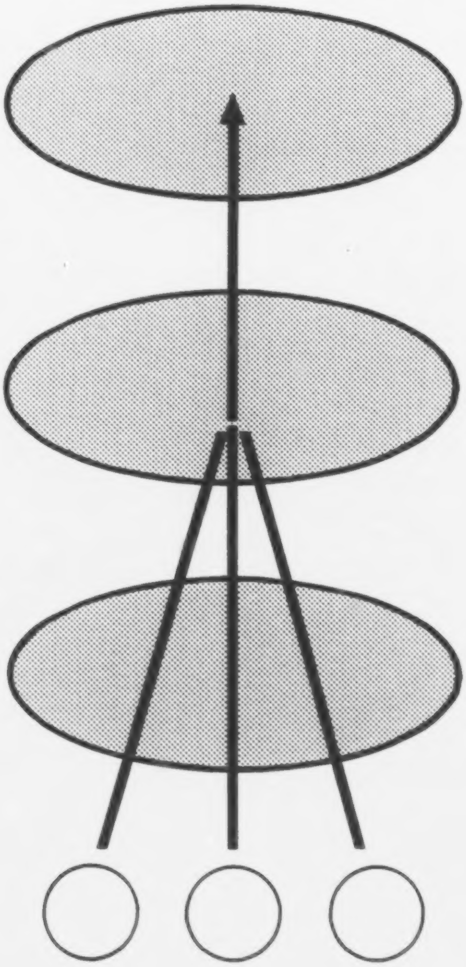
- Priority to train minority pesonnel.

- Priority given to minority students for receipt of fellowships or traineeships.

- Parent training centers are now required to include minority parents and professionals on the boards of these centers and their programs.

S-T2

TYPES OF TEAMS



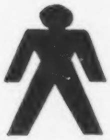
Transdisciplinary

Interdisciplinary

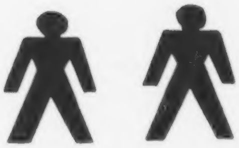
Multidisciplinary

Unidisciplinary

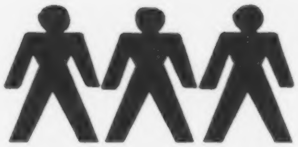
TEAM ROLES



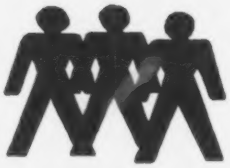
Unidisciplinary → Disciplines are autonomous



Multidisciplinary → Meet as a group but remain independent



Interdisciplinary → Separate disciplines focus on common problems



Transdisciplinary → Role release and "sharing" of disciplines

LEVEL: STAFF

GOAL: #1 Define preschool integration and be aware of its impact.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Define integration in terms of implications for practice.

OBJECTIVE: Participants will be able to integrate individual goals for one child using an interdisciplinary team format.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Practice integrating team roles to develop a consistent program (involving one skill) for a child. – Apply "discipline" skills to develop program for child involving a team of professionals. – Role play disciplines within small groups. – Pass out cards with different roles to each group (teacher, speech therapist, etc.). – Develop program for child with one goal (on card) using your "character."	1. Transparency (S-T4) *Teamwork* – Small group activity – Cards with roles on them (see *Teamwork* sheet for ideas) one set for each group. – Cards with "child goal" related to integration. – One for each group. – Use *Teamwork* sheet to record small or large group discussion.	1. Duplicate Transparency as worksheet for small group or self-study. – Encourage taking role other than own profession. – If an unusual role is present in a group, include it as a possibility. – Encourage extension if finished quickly. – Parts of day's schedule. – Switch roles. – Point out the need to address sensitivity to other issues of diversity in teaming also (e.g., ability, cultural, racial, religious, gender, etc.). – Discuss how teaming issues relate to integration.

S-T4

TEAMWORK

DIRECTIONS: Decide how each member of this team could contribute to helping a child learn sign language.

Speech Therapist:

Teacher:

Occupational Therapist:

Physical Therapist:

Parent:

Teaching Assistant:

Psychologist/Counselor:

LEVEL: STAFF

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Define integration in terms of implications for practice.

OBJECTIVE: Participants will be aware of the implications/benefits of role release.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Examine "personal" abilities across professions and the issue of "teaming." – List abilities/skills used to help children achieve goals. – List issues concerning team formation and implementation.	1. Transparencies (S-T5 and 6) *What Do You Know?* *Team Issues*	1. Use Transparency for group presentations. – Stress knowledge they *already have* in various areas. – Use Transparency with discussion during group presentations. – Sheets may be used for individual reflection or recording small/large group discussions.

WHAT DO YOU KNOW?

DIRECTIONS: List six ways you already help children achieve ...

Motor Goals		**Cognitive Goals**	
1.	4.	1.	4.
2.	5.	2.	5.
3.	6.	3.	6.
Social/Emotional		**Speech Goals**	
1.	4.	1.	4.
2.	5.	2.	5.
3.	6.	3.	6.

S-T6

TEAM ISSUES

DIRECTIONS: Answer the following questions ...

1. How could being part of a team help you with your job?

2. How could it cause difficulty for you?

3. What are some ways in which you could avoid these problems?

GOAL 2

Integration

LEVEL: STAFF

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine the excerpt (Figure 1) which comes from P.L. 94-142. The Education for All Handicapped Children Act of 1975 (now I.D.E.A.). P.L. 94-142 is the federal law which: a. protects the educational rights of children with disabilities, and b. provides the legal basis for including children with disabilties in typical programs.	1. Transparency (S-T7) *Legal Basis for Integration*	1. If this activity is presented to a group, the leader should review the legal provisions of P.L. 94-142 with LRE as one component. Sources include: Turnbull, H. R., & Turnbull, A. P. (1978). *Free appropriate public education: Law and implementation.* Denver, CO: Love Publishing Co. and/or Martin, R. (1979). *Educating the handicapped children: The Legal mandate.* Champaign, IL: Research Press Co.

S-T7

LEGAL BASIS FOR INTEGRATION

... to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated **with children who are not handicapped.**

— AND THAT —

Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the severity of the disability is such that education in **regular classes with the use of supplemental aids and services** cannot be achieved satisfactorily.

(P.L. 94-142, 20 USC 1412, Section 612 (SA), November 29, 1975.)

SUPPLEMENTAL AIDS AND/OR SERVICES

List six supplemental aids and/or services which might be necessary to help a child with a disability participate in a typical preschool program.

1. A child who does not see might need: A. B. C.	2. A child who does not hear might need: A. B. C.
3. A child who does not walk might need: A. B. C.	4. A child who learns very slowly might need: A. B. C.
5. A child with behavior problems might need: A. B. C.	6. A child with special medical concerns might need: A. B. C.

LEVEL: STAFF

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Think about the term "supplemental aids and services." What supplemental aids and services might be necessary? Compare ideas with those included on the Transparency. These are only some examples of supplemental aids and services which might be provided. Some children, depending on their disability, may require *no* services, while others may require many.	1. Transparency/Handout (S-T8) *Supplemental Aids and/or Services*	1. If completed in large group, 1 and 2 should take approximately 15 minutes. (Can be duplicated as individual worksheets or for small group use.)

S-T8

SUPPLEMENTAL AIDS AND SERVICES

AIDS AND SERVICES WHICH MAY BE REQUIRED ...

- Environmental Arrangements
  — Lighting, Seating, Climate Control
- Technological Equipment
  — Computers, Switch-Activated Toys
- Adapted Toys and Materials
  — Auditory, Visual and Tactile
- Augmented Communication
  — Materials and Consultation
- Consultation and Inservice
  — Therapy and Other Needs
- Special Health Services
  — Catheters, Air Conditioning, Etc.

LEVEL: STAFF

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity View the videotape entitled "Regular Lives" or Read the articles written from the perspective of parents, children, teacher, and an adult with a disability. or Discuss participants' attitudes, experiences, and concerns using S-T9.	4. Videotape: "Regular Lives" Integration: A Parent's Perspective (by Carole Briggs Ayres) "What's the Big Deal" and "Neighborhood Friends Abound for Piper" (from Circle of Friends) "How Do I Help Jacob?" (by True Heitz) "Hero? Not I, Says Hawkins" (by Bob Sipchen)	1. If this activity is completed in a large group, divide into four groups. Each group consider a different perspective: a. parents b. children c. teacher d. adult with a disability
2. Large group activity Based on the information from the videotape "Regular Lives," the reading and your own experience, what are some obvious benefits of inclusion? Write three benefits that come to mind (S-T9).	2. Transparency (S-T9) *What are the Benefits of Integration?*	2. Be sure to note how an integrated setting can better support respect for and sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.).
3. Compare your ideas with those included on S-T10.	3. Transparency (S-T10) *Why the Integration*	
4. In your own opinion, what will be necessary to insure that children with disabilities can participate in typical programs? (S-T11)	4. Transparency (S-T11) *Conditions for Effective Integration*	4. Explore environment, resources, support, systems, etc., which may be required.

WHAT ARE THE BENEFITS OF INTEGRATION?

1.

2.

3.

S-T10

WHY THE INTEGRATION?

INCLUDING CHILDREN IN A TYPICAL EDUCATIONAL AND COMMUNITY PROGRAM:

- Enhances proper social behavior by being in close contact with typical children their own age who function normally within society.
- Facilitates development of a more positive self image by not having to attend a program perceived as separate from peers.
- Establishes the child as part of society in which he is expected to become an independent and contributing member.
- Fosters acceptance of and appreciation for differences and similarities among all children.

CONDITIONS FOR EFFECTIVE INTEGRATION

1.

2.

3.

GOAL 3

Integration

LEVEL: STAFF

GOAL: **#3** Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Recognize the practices in preschool integration that make it an effective way to teach.

OBJECTIVE: Participants will know the conditions necessary for effective mainstreaming in early childhood programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Brainstorm individually and write three conditions necessary for effective mainstreaming in early childhood.	1. Handout (S-H1) *Conditions for Effective Integration* Transparency (S-T12) *Conditions for Effective Integration*	1. Share conditions with group.
2. Large group activity Review research related to proximity and conditions necessary for effective mainstreaming.		2. Transparency for group presentation.
	Supplemental Resources Safford, P. L. (1989). *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 87-89, White Plains, NY: Longman, Inc.	

CONDITIONS FOR EFFECTIVE INTEGRATION

1.

2.

3.

S-T12

CONDITIONS FOR EFFECTIVE INTEGRATION

1. The philosophy of the early childhood program must be compatible with mainstreaming and include young children who are disabled (Guralnick, 1976).

2. The child who is disabled should be able to contribute to the program, and the program should be able to contribute to the child who is disabled (Meisels, 1977).

3. The needs of the child with a disability must be compatible with the instruction offered to the other children; the teacher must be willing to modify some techniques; and support personnel must cooperate with the teacher (Guralnick, 1982).

4. If transition from one program to another is involved, continuing communication among the professionals concerned is essential (Hutinger, 1981).

5. In order for social integration to occur, situations need to be structured and arranged by the teacher that enable and facilitate social integration of children with disbilities and those who are typically developing (Allen, 1980; Burstein, 1986; Cooke, et al., 1981; Guralnick, 1978; Safford & Rosen, 1981).

6. Sufficient time must be allowed for children to learn to interact most effectively and to form relationships (Dunlop, Stoneman, & Cantrell, 1980).

LEVEL: STAFF

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Recognize the practice in preschool integration that makes it an effective way to teach.

OBJECTIVE: Participants will know the teaching strategies for effective integrated teaching and utilize quality indicators to assess team practices.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Self-assess individual program to determine "perceived" extent to which indicators of program quality are present. Discuss in large group	1. Handout (S-H2) *Indicators of Quality Early Education Classroom Programming*	1. Indicators can be used by individuals or by whole teams or programs. Note that sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.) should be considered as a quality indicator.
2. Large group activity Use program quality indicators to identify team practices that facilitate integration.	2. Handout (S-H2) *Indicators of Quality Early Education Classroom Programming*	2. Lecture/discussion on indicators of program quality. Note coverage of preschool days as well as by categories.

INDICATORS OF QUALITY EARLY EDUCATION CLASSROOM PROGRAMMING

DRAFT REVISED 1989
Family Child Learning Center
90 W. Overdale Drive
Talmadge, OH 44278

References:

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Meyer, L. (1987). *Program Quality Indicators: A Checklist of Most Promising Practices in Educational Programs for Students with Severe Disabilities.* Seattle, WA: TASH.

Meyer, L., Eichinger, J., & Park-Lee, S. (1987). A validation of program quality indicators in educational services for students with severe disabilities. *JASH*, 12(4), 251-263.

		Date
	OPENING CIRCLE/CLOSING ACTIVITY (Large Group and Entering/Leaving)	Score
1.	Staff greet parents and children upon arrival and say good-bye as children and families are leaving. (F)	
2.	Interactions among parents and staff communicate positive information about children. (F)	
3.	Each child has physical contact with other children during activity. (IN)	
4.	Both opening and closing activities reflect routines and activities used in community preschools. (CC)	
5.	Staff communicate concerns about children to families in a positive manner. (F)	
6.	Each child has an opportunity to perform the targeted skill at least five times during the opening and closing activity. (I)	
7.	Staff support and help families by providing information that addresses areas identified by families. (F)	
8.	Staff provide instructions and interact with children in language they understand during opening and closing activities. (I)	
9.	Appropriate management routines are implemented for children who have difficulty separating from parents on entering the classroom. (M)	
10.	Each child is being taught the routine associated with entering the classroom and beginning circle time, using whatever adaptive equipment or devices are necessary. (FS)	
11W.	Opening and closing activities follow written lesson plans and establish the routine for the day and establish the content theme being emphasized. (CC)	
12.	Staff ask families for information that will help children be more active participants in classroom activities. (F)	
13.	Each child is an active or partial participant in the activity for the majority of time. Children participate more frequently than adults. (P)	

		Date
	SMALL GROUP ACTIVITIES (Structured)	Score
14.	Small group activities, such as Art or Functional Skills, include no more than four (infant-toddler), six (two-threes), or eight (three-fours) children per group. (IN)	
15.	At least two children who are nonhandicapped are included in each small group activity. (IN)	
16.	The activity and materials used are structured so as to facilitate natural interactions among children in the group. (IN)	
17.	No more than one child who requires a lot of adult assistance is included in any small group. (IN)	
18.	The activities selected for each small group are chronologically-age appropriate typical preschool activities. (CC)	

		Date
	SMALL GROUP ACTIVITIES (Structured) *(continued)*	Score
19.	Children are grouped to function as peer models for each other. (IN)	
20W.	Staff implement the primary goal for each child and use the designated methods of instruction accurately. (CO)	
21.	Each child is an active participant in each small group activity, having an opportunity to perform the targeted response a minimum of 10 times. (I)	
22.	Teachers/therapists use social prompting to encourage general interactions among children. (IN)	
23.	Responses that are appropriate but are not the specifically targeted response are reinforced systematically. (FS)	
24.	Children who are competent in performing the small group activity have been taught to function as peer tutors for those having difficulty. (IN)	
25.	Active participation of each child is achieved through use of teacher/therapist strategies such as modifying the activity (task) requirements for partial participation of individual children or using adapted materials within an activity. (FS)	
26.	Staff give instructions during small group activities in language children understand. (I)	
27.	Children with physical disabilities are positioned in alignment during small group activities. (M)	
28.	Individualized instructional cues and prompts (methods) that integrate therapy and education are used by all staff for each child throughout the activity. (I)	
29.	Children who are able to independently partially participate in the activity are provided assistance through special friends who have been given information to help them help the other child. (IN)	
30.	Teachers/therapists reinforce social and other appropriate interactions among children. (IN)	
31.	Each small group activity (e.g., art, functional) reflects the curricular content theme. (CC)	
32W.	Written lesson plans are available, are written so that substitute staff can follow them easily, and reflect what occurs when the activity is implemented. (P)	
33.	Speech language pathologists and motor therapists provide specific programming for individual children within the context of the small group activity. (I)	
34.	Staff have materials out and ready before implementing activity. (P)	

LARGE GROUP ACTIVITIES (Gross Motor; Free Play)

		Date
		Score
35.	Children with physical disabilities are positioned appropriately to allow for maximum independence during the large group activity. (M)	
36.	Teachers/therapists reinforce social, communicative, and other appropriate interactions among children. (IN)	
37.	Staff give instructions for activities using language children understand during all large group activities. (I)	
38.	Each child is an active or partial participator in the activity; no child has more than 5-10 minutes of "down" time during any large group activity. (I)	
39W.	Goals related to a child's physical (motor) functioning are incorporated into these activities. (CO)	
40.	Children who are competent in performing the activity have been taught to function as peer tutors for those having difficulty. (IN)	
41.	Children who function as models or helpers for other children are reinforced for these interactions. (IN)	
42.	Inappropriate behavior of children is managed systematically and consistently by all staff. (M)	
43.	Large group activities are chronologically-age appropriate typical preschool activities. (CC)	
44.	Most large group activities reflect the curricular content theme. (CC)	
45.	Each child has a minimum of five opportunities to demonstrate the targeted response during each large group activity. (I)	
46.	Staff structure the free play activity to: (a) encourage independent interaction with toys; (b) facilitate social interaction through planned interactions among children; and (c) encourage choice-making by children. (FS)	
47W.	Written lesson plans are available, written so that substitute staff can follow them easily, and followed when the activity is implemented. (P)	

TRANSITIONS BETWEEN ACTIVITIES

		Date
		Score
48W.	Ecological inventories are done, as necessary, to ensure as independent as possible transitions between activities. (CO)	
49.	Each child has an independent or partially assisted form of mobility for use in moving around the classroom (between activities) and between the classroom and other school areas. (FS)	
50.	Natural and planned interactions that occur among children during transitions are reinforced by staff. (IN)	
51.	Staff use specific cues and prompts for children whose behavior disintegrates during non-structured times of transition. (I)	

TRANSITIONS BETWEEN ACTIVITIES *(continued)*

		Date
		Score
52W.	Staff use natural cues and prompts, determined by the team, to guide children in moving between activities in increasingly independent ways. (FS)	
53W.	Scheduling of staff responsibilities ensures that transitions occur smoothly; that immobile children are moved and repositioned as efficiently as possible; that appropriate amounts of structure are provided for children whose behavior disintegrates in these non-structured classroom times. (P)	
54.	Children who can assist other children have been "trained" to function as peer tutors or special friends during transitions. (IN)	
55.	Changes in activities or positions are explained to children (rather than just moving them from one position to another). (M)	
56.	Staff warn children that an activity is ending and give clear instructions to children about where to go next. (FS)	
57.	Children who require lifting and carrying during transitions or repositioning for activities are moved in alignment, using individualized procedures. (M)	

SNACK

		Date
		Score
58.	All children have an opportunity to assist fully or partially in snack preparation. (FS)	
59W.	Foods and liquids selected for snack are appropriate for all children's eating abilities, allergies, and likes and dislikes. (CC)	
60.	Staff reinforce all natural social and communicative interactions that occur among children, facilitating all children in choice-making. (IN)	
61.	Appropriate manipulation and eating skills are facilitated with all children during snack. (FS)	
62.	At least 10 opportunities for each child to practice the targeted response occur during snack. (I)	
63.	Staff implement appropriate procedures to feed children requiring specialized feeding approaches (i.e., tube feeds; "therapeutic" techniques). (M)	
64.	Children with physical disabilities are positioned in alignment during snack. (M)	
65.	Staff guide children in clean-up so that all children participate fully or partially. (FS)	

TOILETING

		Date
		Score
66W.	Staff follow an organized schedule in taking children to bathroom. (P)	
67W.	Appropriate data are maintained and used in implementing systematic toileting programs. (I)	
68.	Children with physical disabilities are positioned appropriately in adapted pottys. (M)	
69.	Children are on pottys no longer than five minutes. (M)	
70.	Interactions among children are facilitated during bathrooming. (IN)	
71.	All children are taught how to manage their own clothing as independently as possible. (FS)	
72.	Staff facilitate all children to partially or fully complete a hand-washing routine following toileting. (FS)	
73.	Transitions between toileting and classroom activities are accomplished smoothly with no more than 5-10 minutes of "down time" for any child. (M)	

CHILDREN WHO REQUIRE ADULT ASSISTANCE FOR ACTIVE PARTICIPATION

		Date
		Score
74.	Therapeutic methods for managing children's muscle tone and atypical patterns of movement are incorporated into instructional methods used in all activities by all classroom and other staff. (I)	
75.	Children with physical disabilities have adaptive equipment necessary for positioning in floor sitting, chair sitting, potty training, and standing. (M)	
76W.	Staff implement specific behavior management programs only after review by all team members, approval by the Team Leader, and failure of less intrusive methods. (I)	
77W.	Data are maintained and used to evaluate/revise all behavior management programs being implemented with all children. (I)	
78W.	The therapist involved with any child receiving individual therapy implements individual activities according to a written intervention plan and makes decisions concerning use of methods on the basis of ongoing data. (CO)	
79.	Children with delayed or dysfunctional postures are positioned in alignment for each classroom activity. (M)	
80W.	All therapy objectives established for children are incorporated into the activities of the classroom and may also be worked on individually with specific children. (CO)	
81.	All non-speaking children have a designated form of communication which is used by staff to provide instructions and to interact with children. (I)	
82.	All children requiring augmentative communication have appropriate language boards or technological devices. (I)	

CHILDREN WHO REQUIRE ADULT ASSISTANCE FOR ACTIVE PARTICIPATION *(continued)*

		Date
		Score
83.	All children with sensory impairments are provided instruction adapted to their needs, including directions for participation in an activity, adapted task requirements, adapted materials, or adult assistance. (I)	
84.	All children with sensory impairments have been provided with appropriate corrections (e.g., hearing aids, glasses, etc.). (M)	
85.	Targeted skills for children with physical and/or sensory disabilities represent skills that are critical to the needs of each child. (CO)	
86.	All staff are able to use adaptive devices or aids (e.g., positioning equipment, communication devices, computers, toys, afo's) accurately. (M)	
87.	Staff communicate daily with families concerning any special medical needs of children (e.g., breathing, seizures, feeding, medication). (F)	
88W.	Staff are knowledgeable about any other programs in which children are involved and coordinate with those personnel, as appropriate and designated by the Team Leader. (F)	

S-H2

INDICATORS OF QUALITY EARLY CHILDHOOD CLASSROOM PROGRAMMING

January, 1989

Date: ____________ Observer: ____________________ Observation # ____________

SCORE SHEET

Area	Total Score	Score	Percent*
Opening/Closing (13 items)	26	26-N/0(2) =	
Small Group Activities (21 items)	42	42-N/O(2) =	
Large Group Activities (13 items)	26	26-N/O(2) =	
Transitions (10 items)	20	20-N/O(2) =	
Snack (8 items)	16	16-N/O(2) =	
Toileting (8 items)	16	16-N/O(2) =	
Children who Require Adult Assistance (15 items)	30	30-N/O(2) =	
TOTALS			

*Calculate percent on basis of "perfect" score.

Strong Areas: ____

____

____

Areas of Future Focus: 1. ____________________________________

2. ____________________________________

3. ____________________________________

INDICATORS OF QUALITY EARLY CHILDHOOD
ITEMS BY CATEGORIES
January, 1989

Date: ____________ Observer: ____________________ Observation # ____________

SCORE SHEET

Area	Total Score	Score	Percent*
Family-Centered Services (7 items)	14	14-N/0(2) =	
Integrated Classroom Interactions (17 items)	34	34-N/O(2) =	
IPT: Child Outcomes (6 items)	12	12-N/O(2) =	
IPT: Management (15 items)	30	30-N/O(2) =	
FI: Curriculum Content (7 items)	14	14-N/O(2) =	
FI: Planning (6 items)	12	12-N/O(2) =	
FI: Integrated Methods (18 items)	36	36-N/O(2) =	
FI: Facilitating Strategies (12 items)	24	24-N/O(2) =	
TOTALS			

*Calculate percent on basis of "perfect" score.

Strong Areas: ____

____

____

Areas of Future Focus: 1. ________________________________

2. ________________________________

3. ________________________________

ITEMS BY CATEGORIES

FAMILY-CENTERED SERVICES
(7 Items)

		Date
		Score
1.	Staff greet parents and children upon arrival and say good-bye as children and families are leaving. (F)	
2.	Interactions among parents and staff communicate positive information about children. (F)	
5.	Staff communicate concerns about children to families in a positive manner. (F)	
7.	Staff support and help families by providing information that addresses areas identified by families. (F)	
12.	Staff ask families for information that will help children be more active participants in classroom activities. (F)	
87.	Staff communicate daily with families concerning any special medical needs of children (e.g., breathing, seizures, feeding, medications). (F)	
88W.	Staff are knowledgeable about any other programs in which children are involved and coordinate with those personnel, as appropriate and designated by the Team Leader. (F)	

INTEGRATED PROGRAMMING MODEL
INTEGRATED CLASSROOM INTERACTIONS (IN)
(17 Items)

		Date
		Score
3.	Each child has physical contact with other children during activity. (IN)	
14.	Small group activities, such as Art or Functional Skills, include no more than three (infant-toddler), five (two-threes), or eight (three-fours) children per group. (IN)	
15.	At least two children who are nonhandicapped are included in each small group activity. (IN)	
16.	The activity and materials used are structured so as to facilitate natural interactions among children in the group. (IN)	
17.	No more than one child who requires a lot of adult assistance is included in any small group. (IN)	
19.	Children are grouped to function as peer models for each other. (IN)	
22.	Teachers/therapists use social prompting to encourage general interactions among children. (IN)	
24.	Children who are competent in performing the small group activity have been taught to function as peer tutors for those having difficulty. (IN)	
29.	Children who are able to independently partially participate in the activity are provided assistance through special friends who have been given information to help them help the other child. (IN)	

INTEGRATED PROGRAMMING MODEL
INTEGRATED CLASSROOM INTERACTIONS (IN) *(continuede)*

(17 Items)

		Date
		Score
30.	Teachers/therapists reinforce social and other appropriate interactions among children. (IN)	
36.	Teachers/therapists reinforce social, communicative, and other appropriate interactions among children. (IN)	
40.	Children who are competent in performing the activity have been taught to function as peer tutors for those having difficulty. (IN)	
41.	Children who function as models or helpers for other children are reinforced for these interactions. (IN)	
50.	Natural and planned interactions that occur among children during transitions are reinforced by staff. (IN)	
54.	Children who can assist other children have been "trained" to function as peer tutors or special friends during transitions. (IN)	
60.	Staff reinforce all natural social and communicative interactions that occur among children, facilitating children in choice-making. (IN)	
70.	Interactions among children are facilitated during bathrooming. (IN)	

INTEGRATED PROGRAMMING TEAMS
Child Outcomes (CO)

(6 Items)

		Date
		Score
20W.	Staff can implement the primary goal for each child and use the designated methods of instruction accurately. (CO)	
39W.	Goals related to a child's physical (motor) functioning are incorporated into these activities. (CO)	
48W.	Ecological inventories are done, as necessary, to ensure as independent as possible transitions between activities. (CO)	
78W.	The therapist involved with any child receiving individual therapy implements individual activities according to a written intervention plan and makes decisions concerning use of methods on the basis of ongoing data. (CO)	
80W.	All therapy objectives established for children are incorporated into the activities of the classroom and may also be worked on individually with specific children. (CO)	
85.	Targeted skills for children with physical and/or sensory disabilities represent skills that are critical to the needs of each child. (CO)	

Management (M)
(15 Items)

		Date
		Score
9.	Appropriate management routines are implemented for children who have difficulty separating from parents on entering the classroom. (M)	
27.	Children with physical disabilities are positioned in alignment during the activity. (M)	
35.	Children with physical disabilities are positioned appropriately to allow for maximum independence during the activity. (M)	
42.	Inappropriate behavior of children is managed systematically and consistently by all staff. (M)	
55.	Changes in activities or positions are explained to children (rather than just moving them from one position to another). (M)	
57.	Children who require lifting and carrying for transitions are moved in alignment, using individualized procedures. (M)	
63.	Staff implement appropriate procedures to feed children requiring specialized feeding approaches (i.e., tube feeds; "therapeutic" techniques). (M)	
64.	Children with physical disabilities are positioned in alignment during snack. (M)	
68.	Children with physical disabilities are positioned appropriately in adapted pottys. (M)	
69.	Children are on pottys no longer than five minutes. (M)	
73.	Transitions between toileting and classroom activities are accomplished smoothly with no more than 5-10 minutes of "down time" for any child. (M)	
75.	Children with physical disabilities have adaptive equipment necessary for positioning in floor sitting, chair sitting, potty training, and standing. (M)	
79.	Children with delayed or dysfunctional postures are positioned in alignment for each classroom activity. (M)	
84.	All children with sensory impairments have been provided with appropriate corrections (e.g., hearing aids, glasses, etc.). (M)	
86.	All staff are able to use adaptive devices or aids (e.g., positioning equipment, communication devices, computers, toys, afo's) accurately. (M)	

FACILITATION OF INDEPENDENCE

Curriculum Content (CC)
(7 Items)

		Date
		Score
4.	Both opening and closing activities reflect routines and activities used in community preschools. (CC)	
11W.	Opening and closing activities follow written lesson plans and establish the routine for the day and establish the content theme being emphasized. (CC)	
18.	The activities selected for each small group are chronologically-age appropriate typical preschool activities. (CC)	

FACILITATION OF INDEPENDENCE

Curriculum Content (CC) *(continued)*

(7 Items)

		Date Score
31.	Each small group activity (e.g., art) reflects the curricular content theme. (CC)	
43.	Large group activities are chronologically-age appropriate typical preschool activities. (CC)	
44.	Most large group activities reflect the curricular content theme. (CC)	
59W.	Foods and liquids selected for snack are appropriate for all children's eating abilities, allergies, and likes and dislikes. (CC)	

Planning (P)

(6 Items)

		Date Score
13.	Each child is an active or partial participant in opening/closing for the majority of the time. Children participate more frequently than adults. (P)	
32W.	Written lesson plans are available, are written so that substitute staff can follow them easily, and reflect what occurs when the small group activity is implemented. (P)	
34.	Staff have materials out and ready before implementing activity. (P)	
47W.	Written lesson plans for large group activities are available, written so that substitute staff can follow them easily, and followed when the activity is implemented. (P)	
53W.	Scheduling of staff responsibilities ensures that transitions occur smoothly; that immobile children are moved and respositioned as efficiently as possible; that appropriate amounts of structure are provided for children whose behavior disintegrates in these non-structured classroom times. (P)	
66W.	Staff follow an organized schedule in taking children to bathroom. (P)	

Integrated Methods of Instruction (I)

(18 Items)

		Date Score
6.	Each child has an opportunity to perform the targeted skill at least five times during the opening and closing activity. (I)	
8.	Staff provide instructions and interact with children in language they understand during opening and closing activities. (I)	
21.	Each child is an active participant in each small group activity, having an opportunity to perform the targeted response a minimum of 10 times. (I)	
26.	Staff give instructions during all small group activities in language children understand. (I)	
28.	Individualized instructional cues and prompts (methods) that integrate therapy and education are used by all staff for each child throughout each small group activity. (I)	

Integrated Methods of Instruction (I) *(continued)* (18 Items)		Date Score
33.	Speech language pathologists and motor therapists provide specific programming for individual children within the context of the small group activity. (I)	
37.	Staff give instructions for activities using language children understand during all large group activities. (I)	
38.	Each child is an active or partial participator in the activity; no child has more than 5-10 minutes of "down" time during any large group activity. (I)	
45.	Each child has a minimum of five opportunities to demonstrate the targeted response during each large group activity. (I)	
51.	Staff use specific cues and prompts for children whose behavior disintegrates during non-structured times of transition. (I)	
62.	At least 10 opportunities to practice the targeted response occur during snack for each child. (I)	
67W.	Appropriate data are maintained and used in implementing systematic toileting programs. (I)	
74.	Therapeutic methods for managing children's muscle tone and atypical patterns of movement are incorporated into instructional methods used in all activities by all classroom and other staff. (I)	
76W.	Staff implement specific behavior management programs only after review by all team members, approval by the Team Leader, and failure of less intrusive methods. (I)	
77W.	Data are maintained and used to evaluate/revise all behavior management programs being implemented with all children. (I)	
81.	All non-speaking children have a designated form of communication which is used by staff to provide instructions and to interact with children. (I)	
82.	All children requiring augmentative communication have appropriate language boards or technological devices. (I)	
83.	All children with sensory impairments are provided instruction adapted to their needs, including directions for participation in an activity, adapted task requirements, adapted materials, or adult assistance. (I)	

Facilitating Strategies (FS) (12 Items)		Date Score
10.	Each child is being taught the routine associated with entering the classroom and beginning circle time, using whatever adaptive equipment or devices as necessary. (I)	
23.	Responses that are appropriate but are not the specifically targeted response are reinforced systematically. (FS)	

Facilitating Strategies (FS) *(continued)*
(12 Items)

		Date
		Score
25.	Active participation of each child is achieved through use of teacher/therapist strategies such as modifying the activity (task) requirements for partial participation of individual children or using adapted materials within an activity. (FS)	
46.	Staff structure the free play activity to: (a) encourage independent interaction with toys; (b) facilitate social interaction through planned interactions among children; and (c) encourage choice-making by children. (FS)	
49.	Each child has an independent or partially assisted form of mobility for use in moving around the classroom (between activities) and between the classroom and other school areas. (FS)	
52W.	Staff use natural cues and prompts, determined by the team, to guide children in moving between activities in increasingly independent ways. (FS)	
56.	Staff warn children that an activity is ending and give clear instructions to children about where to go next. (FS)	
58.	All children have an opportunity to assist fully or partially in snack preparation. (FS)	
61.	Appropriate manipulation and eating skills are facilitated with all children during snack. (FS)	
65.	Staff guide children in clean-up so that all children participate fully or partially. (FS)	
71.	All children are taught how to manage their own clothing as independently as possible. (FS)	
72.	Staff facilitate all children to partially or fully complete a hand-washing routine following toileting. (FS)	

LEVEL: STAFF

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Recognize the practices in preschool integration that make them an effective way to teach.

OBJECTIVE: Participants will realize that positive attitudes and expectations for children and high family involvement facilitate preschool integration and lead to positive outcomes.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine attitudes and values re: children with special needs and their families.	1. Transparency (S-T13) *Expectations:* 2 Facets **Supplemental Resources** Safford, P. L. (1989). *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 90-91, White Plains, NY: Longman, Inc.	1. Discuss information on Transparency.

EXPECTATIONS: 2 FACETS

1. Beliefs that a child with a disability CAN succeed in a typical placement increase the likelihood that the child will, in fact, succeed.
2. A child with a disability's placement in a typical setting is more likely to lead adults to expect that the child can succeed in the mainstream than with placement in a special setting.

Hence,

- Despite the results of developmental scales, what a child DOES in the classroom setting is most likely to influence expectations of teachers, parents, and other adults.
- Starting in a TYPICAL setting is more likely to lead to continued mainstream placement than starting in a segregated setting.

GOAL 4

Integration

LEVEL: STAFF

GOAL: #4 Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Provide integrated services by modifying current techniques and creating new strategies to meet emerging needs.

OBJECTIVE: Participants will know the first issues to consider and the steps to take to facilitate integration.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review sequence for meeting special needs. – Determine steps for integration. – Recognize impact of time, space, materials, and expectations on integration success.	1. Transparencies (S-T14 and 15) *Steps for Integration* (Hainsworth, Hainsworth & Carroll) *Consider ...* (Hainsworth, Hainsworth & Carroll)	1. Transparency for group presentation. – Encourage discussion and ideas. – Stress "hidden" expectations and their impact on success (assuming children know how to sit in circle, use restroom, etc.).

STEPS FOR INTEGRATION

MAXIMIZE ...	opportunities so children can cope with and successfully use TIME, SPACE MATERIALS AND EXPECTATIONS.
ADAPT ...	situations so that particular children will be able to participate effectively.
SYSTEMATICALLY TEACH ...	certain children the skills they need to learn.

Hainsworth, P., Hainsworth, M., and Carroll, D. (1983) *Getting Started in ERIN* (Early Recognition Intervention Network) (p. 11).

S-T15

CONSIDER ...

TIME

SPACE

MATERIALS

EXPECTATIONS

Hainsworth, Hainsworth, and Carroll *Getting Started in ERIN* (1983).

LEVEL: STAFF

GOAL: **#4** Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Provide integrated services by modifying current techniques and creating new strategies to meet emerging needs.

OBJECTIVE: Participants will be able to modify a typical preschool activity.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Development of adapted strategies will be applied to a case scenario. – Review child's characteristics. – Determine approach to goal in each activity.	1. Transparency/Handout (S-T16) *Strategies for Integration*	1. Transparency for large group discussion and individual sheets for small group "pre-discussion" brainstorming. – May want to keep *Steps for Integration* Transparency on for reference during small group work. – May want to stress approaches to "inter-disciplinary" or team approach.

S-T16

STRATEGIES FOR INTEGRATION

DIRECTIONS: Given the following characteristics, how could you maximize, adapt, and teach the target skill?

CHARACTERISTICS:

- Female
- Four-Years-Old
- Mild Cerebral Palsy
- Hispanic
- Bilingual
- Uses Walker
- Shy
- Likes Art
- Quick Learner
- Speaks in two-three word phrases

TARGET SKILL: Communication Skills

Activity	**Strategy**
Circle/ Large Group	Maximize: Adapt: Teach Systematically:

LEVEL: STAFF

GOAL: #4 Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Provide integrated services by modifying current techniques and creating new strategies to meet emerging needs.

OBJECTIVE: Participants will recognize the value of systematically examining "opportunities available" for successful integration.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Reflect on the opportunities for success in a classroom. – Consider difficulties of child in case scenario. – Recognize the larger probability for success with the modifications. – Recognize the value of examining these issues.	1. Transparency/Handout (S-T16) *Strategies for Integration:* (Transparency from previous step)	1. Use Transparency with large group ideas (from small groups) to guide a large discussion on topic of adapting classroom programs. – Recognize danger in adapting or teaching skills too soon; stress maximizing environment first to see if more "typical" approaches will work. – Recognize the impact of "too much" help and the resulting "learned helplessness."

STRATEGIES FOR INTEGRATION
(Continued)

TARGET SKILL: Communication Skills

Activity	**Strategy**
Free Play/ Work Time	Maximize: Adapt: Teach Systematically:
Snack	Maximize: Adapt: Teach Systematically:

Integration

GOAL 5

LEVEL: STAFF

GOAL: #5 Become familiar with model programs providing integrated services.

COMPETENCY TYPE: KNOWLEDGE/SKILL/ATTITUDE/VALUE

COMPETENCY COMPONENT: Become familiar with model programs providing integrated services.

OBJECTIVE: Participants will develop awareness of successful integrated programs; note methods and techniques useful in their own programs; and recognize the value of utilizing existing resources/programs to assist in the development of their own programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Identify local, state, national integrated programs.	1. Worksheet (S-W1) *Known Integrated Programs*	1. May brainstorm in small groups, then share with large group.
2. Small or large group activity Examine program descriptions of integrated sites and compare/contrast features. *Optional:* View video of local program or include guest speaker from local/model program to provide additional information on program design.	2. Worksheet (S-W2) *Comparing Integrated Programs*	2. Use local programs, local program directors or teachers instead of video as possible/appropriate.

KNOWN INTEGRATED PROGRAMS

COMPARING INTEGRATED PROGRAMS

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Integration

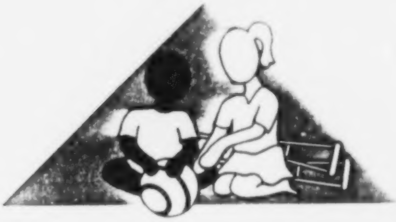
Administrator

GOALS

1. Define preschool integration and be aware of its impact.
2. Know the legal and ethical basis for preschool integration.
3. Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.
4. Develop a plan to provide integrated services by using existing resources, modifying current techniques, and creating strategies to meet emerging needs.
5. Become familiar with model programs providing integrated services.

GOAL 1

Integration



LEVEL: ADMINISTRATION

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Define integration in terms of implications for program development.

OBJECTIVE: Participants will know various types of teams/practice available and how they could function in integrated settings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review definitions from I.D.E.A. relating to integration.	1. Transparency (A-T1) *Definitions* Leader Notes (A-L1)	1. Use *Leader Notes* in conjunction with discussion of definitions.
2. Large group activity Review types of team formations possible. – Define team formations. – Relate to program functioning.	2. Transparency (A-T2) *Team Roles*	2. Transparency for group presentations. – Some will not be using "teams"; focus on characteristics (sharing knowledge, etc.) if an issue. Discuss how teaming issues may affect successful integration.

DEFINITIONS

MAINSTREAMING: Programs for children without disabilities in which SOME children with disabilities are enrolled. (Ratios reflect those in typical population.)

INTEGRATION: Program designed specifically to include children with disabilities with children who have no identifiable disabilities. (Ratios tend to be higher than those found in a typical population.)

INCLUSION: Philosophy that all children have the right to be included with their peers in all age-appropriate activities throughout life. Inclusion occurs naturally, should not require special program designs, such as integration or mainstreaming.

(for the use with discussion of *Definitions* Transparency)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

(I.D.E.A., P.L. 101-476)
On October 30, 1990, the President signed into law the reauthorization of discretionary programs of what, since 1975, was named The Education of All Handicapped Children Act (P.L. 94-142). Included in the reauthorization are several substantive amendments which will significantly improve supports and services to students with disabilities. Of particular interest is the following amendment:

Terminology

- People-first language "Handicapped children" is replaced with "individuals with disabilities."

- Title of the Act was changed from Education of the Handicapped Act (EHA) to I.D.E.A.

Other amendments not directly pertinent to training of preschool personnel:

Transition Mandated in IEPs

- A definition of transition services was added: "(A) coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation."

- Transition must be included in the IEP, beginning no later than age 16, may be 14 or younger.

- New competitive grant authority was created for joint applications by the state education agencies and state rehabilitation agencies to provide transition services.

Assistive Technology

- Assistive technology defined and included throughout the Act to assure that students receive them from trained personnel.

Waiver of State Sovereign Immunity

- States are not immune from suit in federal court for the violation of I.D.E.A.

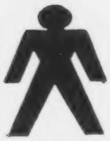
Minority Provisions

- Priority to train minority pesonnel.

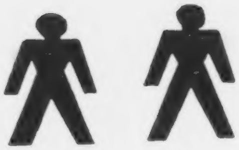
- Priority given to minority students for receipt of fellowships or traineeships.

- Parent training centers are now required to include minority parents and professionals on the boards of these centers and their programs.

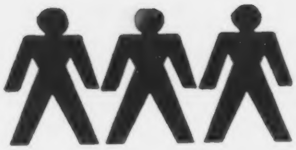
TEAM ROLES



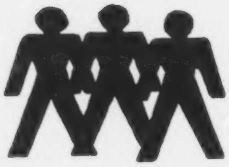
Unidisciplinary → Disciplines are autonomous



Multidisciplinary → Meet as a group but remain independent



Interdisciplinary → Separate disciplines focus on common problems



Transdisciplinary → Role release and "sharing" of disciplines

LEVEL: ADMINISTRATION

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: SKILL

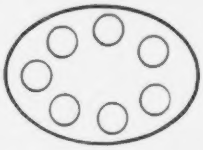
COMPETENCY COMPONENT: Define integration in terms of implications for program development.

OBJECTIVE: Participants will be able to recognize and assist dysfunctional staff interaction.

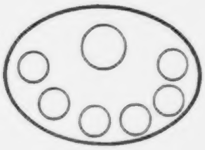
ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review team subsystems and inherent dysfunction. – Define team subsystems. – Discuss implications of various subsystems for program practice and possible solutions.	1. Transparencies (A-T3 and 4) *Team Subsystem (Bailey)* *Team Dysfunction* **Supplemental Resource** "Meeting the Challenge of Change: Implementing P.L. 99-457" Jennifer Olson (1989) *Topics in Early Childhood Special Education* 9 (3), 18-31.	1. Use Transparencies for group presentation. – Keep discussion upbeat by recognizing problems but stressing solutions. – Remind participants how teaming issues relate to integration. – Suggest source (Olson article) for additional information.

TEAM SUBSYSTEMS

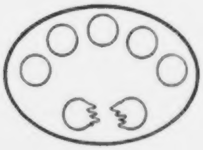
Ideal Team



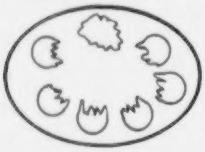
Dominant Leader



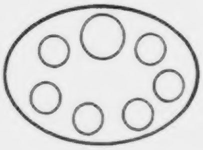
Specific Conflict Between Two Members



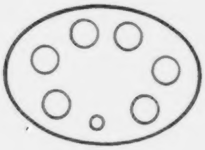
One Member Conflicts With All Others



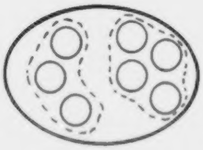
Dominant Team Member



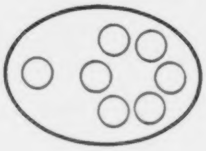
Inferior Team Member



Factions Within Team



Isoiated Team Member



Taken from: Bailey, D. B. (1984). A triaxial model of the interdisciplinary team and group process. *Exceptional Children, 51,* (1), 17-25. (Model on p. 21.)

"TEAM DYSFUNCTION"

DIRECTIONS: How could you assist a team which has a ...

1. Dominant Leader	2. Dominant Team Member
3. "Inferior" Team Member	4. Conflict Between Two Members
5. "Groups" Within the Team	6. "Isolated" Team Member
7. Team Conflict With One Member	

LEVEL: ADMINISTRATION

GOAL: **#1** Define preschool integration and be aware of its impact.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Define integration in terms of implications for program development.

OBJECTIVE: Participants will be aware of the values/characteristics which facilitate team function and the value of screening potential staff for them.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Determine characteristics of members who will function well in teams. - Determine characteristics for potential staff. -Relate these to staff requirements for programs utilizing teams.	1. Transparency (A-T5) *Staff Characteristics*	1. Transparency for group presentation. - Be sure topics of "role-release" and networking (emotional support, information, etc.) are discussed as important personnel skills; also, respect for and sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.) - Encourage comments from experienced administrators on hiring, characteristics, program development, etc. - Note how various staff characteristics might support successful integration.

A-T5

STAFF CHARACTERISTICS

DIRECTIONS: Name 10 characteristics you look for in a potential staff.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

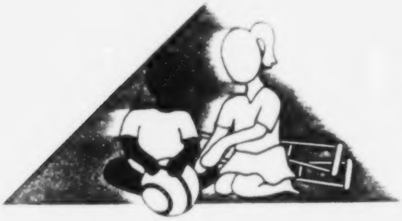
1. How would these characteristics help them to function in a program utilizing teams?

2. How could they hinder it?

3. What additional characteristics would you look for when hiring staff specifically for a program utilizing teams?

GOAL 2

Integration



LEVEL: ADMINISTRATION

GOAL: #2 Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will identify the relevant sections from federal and state law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine overall provisions of P.L. 94-142 the *Education for All Handicapped Children Act* (now I.D.E.A.) (A-T6). This legislation: a. protects the educational rights of school age children, and b. establishes the preference for including children with disabilities in typical programs.	1. Transparency (A-T6) *Overview of P.L. 94-142*	1. The overview of the provisions of P.L. 94-142 is intended to be a quick review for administrators. It serves the purpose of putting the LRE requirement in the broader context of children's educational rights. Remind participants of amendments identifying legislation as the Individuals with Disabilities Education Act (I.D.E.A.).
2. Large group activity Examine excerpts from federal and state law which establish the legal preference for including children with disabilities in typical programs. (A-T7)	2. Transparency (A-T7) *Excerpts from Federal and State Law* **Supplemental Resources** Martin, R. (1979). *Educating handicapped children: The legal mandate.* Champaign: Research Press Co. Brady, M. P., McDougall, D., and Dennis, H. F. (1987). The schools, the courts, and the integration of students with severe handicaps. *The Journal of Special Education,* 23, 43-58. Will, M. (1986). Education of Children with learning problems: A shared responsibility. *Exceptional Children,* 52, 411-415.	2. Participants may wish to obtain copies of federal laws and regulations. These can be obtained from the public library or from the SERRC.

OVERVIEW OF P.L. 94-142

Appropriate Education Means:

1. Access to and inclusion in school.
2. Evaluation which is nondiscriminatory.
3. A written and individualized educational plan (IEP).
4. Education with children who are not disabled unless otherwise justified (least restrictive alternative).
5. Parent participation.
6. Due process.

A-T7

EXCERPTS FROM FEDERAL AND STATE LAWS

"... No otherwise qualified handicapped individual in the United States shall solely by reason of his handicap, be excluded from participation in ... any program or activity receiving federal financial assistance."

(Vocational Rehabilitation Act of 1973)

"... To the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped and in special classes. Separate schooling or other removal of handicapped children from the regular educational environment occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

(P.L. 94-142, 1975)

A-T7

"To the extent appropriate, early intervention services must be provided in the type of settings in which infants and toddlers without handicaps would participate."

(P.L. 99-457, 1986)

"... To the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, shall be educated with children who are not handicapped."

(Chapter 3323.04 Ohio Revised)

LEVEL: ADMINISTRATION

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will synthesize legal requirements and ethical considerations related to integration by predicting the outcome of cases for specific children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Consider the situation included in A-H1. What would be your prediction as to the outcome? Compare your answer to the outcome included on A-H2.	1. Handouts (A-H1 and 2) *The Case and Your Conclusion* *The Courts Conclusion*	1. This activity can be completed individually or in a group.

A-H1

Situation 1 — The Case and Your Conclusion

Read the following overview and predict the outcome of this situation. Base your prediction on legal and ethical considerations. Summarize your conclusion below.

The plaintiff child, Trina Evet Hairston, has a condition known as spina bifida which has left said plaintiff with a minor physical disability which includes incontinence of the bowels and a noticeable limp. The child is clearly physically able to attend school in a regular public classroom. The plaintiff child is of normal mental competence and capable of performing easily in a regular classroom situation.

At the time the plaintiff child was to begin this school year, the plaintiff child was not wanted in the regular classroom and it was made clear to the plaintiff Shelia Hairston that the child was not to be permitted to attend Gary Grade School without her mother's intermittent presence.

Your conclusion: ____

Rationale: ____

____

____

Situation 1 — The Court's Conclusion

Conclusion: The exclusion of a minimally handicapped child from a regular public classroom situation without a bona fide educational reason is in violation of Title V of Public Law 93-112, "The Rehabilitation Act of 1973," 29 U.S.C. 794.

Rationale:

1. The right of a child to attend school cannot be legally conditioned upon mother's presence at school.
2. The needless exclusion of children who are able to function adequately from the regular classroom situation would be a great disservice to these children. A child has to learn to interact in a social way with his or her peers and the denial of this opportunity during his/her minor years imposes added lifetime burdens upon a child with a disability.
3. The educational fact that children with disabilities should be excluded from the regular classroom situation only as a last resort is recognized in federal law. Removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

A-T8

PREMISES OF EDUCATION WHICH INCLUDES ALL CHILDREN

- Children are more alike than different.
- Characteristics of effective schools apply for all students.
- Children can be appropriately included without labeling or removing them from the regular education program.
- General education must become flexible, supple, and respectful, educating the full range of students.

LEVEL: ADMINISTRATION

GOAL: **#2** Know the legal and ethical basis for preschool integration.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Understand the legal and ethical basis for including children with disabilities in typical preschool programs.

OBJECTIVE: Participants will generate a philosophy statement to guide a school system in the direction of inclusion.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Consider the four points on A-T8. How could you incorporate these into a philosophy statement to guide educational practice? OR Develop a presentation for a group or article for a newsletter on the ethical rationale for integration. Reflect on the perspective of the professional, parental, and personal perspective of the person with a disability.	1. Transparency (A-T8) *Premises of Education Which Include All Children* Transparency/Handout (A-W1) *Your Philosophy*	1. If this activity is done with a group, divide into subgroups of three or four and discuss each point included on Transparency. Activity with development of philosophy can focus on development of individual philosophies OR focus on *components* to be included in any philosophy. Focus optional activity two on the type of presentation an administrator might be expected to present to colleagues, etc. What might need to be discussed, problems to be solved, approach to use, etc.

A-W1

YOUR PHILOSOPHY

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GOAL 3

Integration

LEVEL: ADMINISTRATION

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.

OBJECTIVE: Participants will be aware of the direction early childhood education is headed and provide rationale for supporting curriculum integration based on efficacy.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine interdisciplinary curriculum and training.	1. Transparencies (A-T9 and 10) *Continuum of Options* *Factors to Consider* **Supplemental Resources** Bailey, D. B. (1984). A triaxial model of the interdisciplinary team and group process. *Exceptional Children,* Vol. 51(1), pp. 17-25. Campbell, P., Chen, C., and Shelby, K. The integrated curriculum: A framework for serving preschool children within integrated settings.	1. Lecture/discussion Transparency for group presentation.
2. Large group activity Review aspects of instruction that may need to be adapted to provide for individual differences.	2. Transparency (A-T11) *Adaptable Aspects of Instruction* **Supplemental Resources** Safford, P. L. (1989). *Integrated Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 91-92, White Plains, NY: Longman, Inc.	2. Transparency for group presentation. Note the need to address sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.)

A-T9

CONTINUUM OF OPTIONS

- Unidisciplinary
- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

A-T10

FACTORS TO CONSIDER

1. Growth of Knowledge
2. Fragmented Schedules
3. Relevance of Curriculum
4. Society's Response to Fragmentation

ADAPTABLE ASPECTS OF INSTRUCTION

Social Context/Expectations

Curriculum/Materials

Physical Context/Space

Instructional Approaches/Time

LEVEL: ADMINISTRATION

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.

OBJECTIVE: Participants will be aware of the direction early childhood education is headed and provide rationale for supporting curriculum integration based on efficacy.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Brainstorming. Identify means to adapt social context, curriculum, physical context, and instructional approaches.	1. Separate Handouts for groups (A-H3, 4, 5, and 6) *Adapting social context* *Adapting curriculum* *Adapting physical context* *Adapting instructional approaches*	1. Handouts are blank to record discussion. Text to correlate with each concept (social context, curriculum, etc.) is included to be used as needed.
2. Large group activity Review effective teaching behaviors that facilitate learning for children with special needs.	2. Transparencies (A-T12, 13, 14, and 15) *Adapting* Transparency (A-T16) Teacher Behaviors Showing consistent correlations with achievement (for Low SES students) from Larrivee, B. (1985). *Effective teaching for successful mainstreaming*. White Plains, NY: Longman, Inc., p. 5.	

A-H3

ADAPTING SOCIAL CONTEXT/EXPECTATIONS

ADAPTING CURRICULUM/MATERIALS

A-H5

ADAPTING PHYSICAL CONTEXT/SPACE

ADAPTING INSTRUCTIONAL APPROACHES/TIME

A-T12

ADAPTING SOCIAL CONTEXT

- Orientation or preparation of children in the class, structuring the social interactive context with respect to large group, small group, peer strategies, etc.

- Involvement of an additional adult, aide or volunteer, to assist.

- Use of group discussion.

A-T13

ADAPTING THE CURRICULUM

- Decisions about what is taught.
- Determination of child-specific goals and objectives.
- Sequence of intended outcomes.

ADAPTING THE PHYSICAL CONTEXT

- Design and development of activity areas or learning centers.

- Physical modifications required for safety, access, reduction of noise interference, or other conflicting or interfering sources of stimuli.

- Use of specific adaptive equipment, prosthetic devices, communication systems, etc.

- Attention to seating for a specific child, as well as location of work areas within the classroom.

ADAPTING INSTRUCTIONAL APPROACHES

- Attention to differential time needs required for individuals, for sufficient frequency of trials for targeted skills, for probes, generalization, and fall-back strategies.

- Implementation of specific contingency management system, reinforcement schedule, time-out, or other child-specific behavior management strategies.

A-T16

TEACHER BEHAVIORS AND ACHIEVEMENT — (School Aged)

- % direction, organization provided ("structure")
- % lesson-related activities
- % interactions with students related to content
- % time spent in group instruction
- % time on-task

Degree to which seatwork is individualized

- % low-order questions

Selection of student to respond after question

- % criticism to student (correlated negatively)

Clarifying feedback to incorrect responses

Time/effort in managing the class (correlated negatively)

Permissive behavior (correlated negatively)

A-T16

Variety of appropriate management techniques

Use of praise and positive motivation

Checking or monitoring students' work

Providing assistance for individual students

Initiating student contact

LEVEL: ADMINISTRATION

GOAL: **#3** Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.

OBJECTIVE: Participants will know teacher attributes that facilitate preschool integration.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Generate own list of "perceived" teacher requirements for Knowledge/Skill/Attitude and Values necessary for successful integration.	1. Transparency (A-T12) Handouts or Easel/Chalkboard (A-H7) *Knowledge/Skill/Attitudes and Values*	1. May work in pairs to generate list, then share with the group. A draft of one set of competencies for Personnel Preparation is provided for the leader to use in facilitating discussion. Be sure to include sensitivity to other types of diversity (e.g., ability, cultural, racial, religious, gender, etc.) also.
2. Large group activity Examine knowledge, skills, attitudes and values necessary for teachers to implement preschool integration successfully.	2. Handouts/Transparencies (A-H7 and 8) *Knowledge/Skill/Attitudes and Values* *ECSE Personnel Preparation Grant*	2. Review small group results and Handout A-H8.
3. Identify team and professional responsibilities associated with integrated classrooms.	3. Transparency (A-T17) Handout (A-H9) *Team Responsibilities* **Supplemental Resources** Safford, P. L. (1989). *Integrating Teaching in Early Childhood: Starting in the Mainstream.* Chapter 4, pp. 89-91, White Plains, NY: Longman, Inc.	3. Form interdisciplinary teams among participants, based on background, i.e., teacher-related services, motor specialists, other professions in balanced groups. Discuss contributions and role-release of individuals and team responsibilities.

Knowledge:
- Much will be child-specific
- General knowledge

Skills:
- Teaching practices that make integrated education effective

Attitudes and Values:
- (Expectations)

A-H7

KNOWLEDGE

SKILLS

A-H7

ATTITUDES AND VALUES

A-H8

EARLY CHILDHOOD SPECIAL EDUCATION PERSONNEL PREPARATION GRANT

Suggested Knowledge and Skill Competencies

Knowledge of:

a. Typical child development
b. Atypical development
c. Medical aspects of preschool children with handicaps
d. Formal and informal assessment procedures relevant to preschool special education
e. Early childhood/special education curricula and program models
f. Role and importance of play for children
g. Family theory (e.g., information on general family relationships)
h. Special needs and contributions of families of children with disabilities
i. Strategies for working with families of children with disabilities
j. Related services (e.g., physical therapy, speech and language therapy, etc.)
k. Techniques in working on interdisciplinary/transdisciplinary teams
l. Non-speech communication systems
m. Adaptive equipment (e.g., types and uses)
n. Instructional applications of electronic and other technology uses with young children with handicaps
o. Federal and state mandates related to preschool special education
p. Community resources for preschool children with handicaps and their families
q. Other (please specify)

Skill in:

a. Planning and organizing preschool special education classrooms
b. Applying formal and informal assessment procedures
c. Designing individualized educational programs
d. Stating instructional objectives based on individualized programs
e. Adapting instructional activities to the unique learning styles, time demands, and motivational needs of each child
f. Planning and implementing instructional activities
g. Adapting or modifying instructional materials
h. Facilitating children's play
i. Fostering motivation and inquiry in children
j. Promoting positive peer interaction within the classroom
k. Facilitating children's interaction with materials
l. Observing and recording children's behavior
m. Maintaining, summarizing, and interpreting quantitative observation data
n. Communicating with children who use non-speech communication systems
o. Instructional applications of electronic and other technology uses with young children with handicaps
p. Using adaptive equipment
q. Developing and implementing individual behavior management procedures
r. Communicating and working effectively with parents
s. Contributing to team planning with other professionals and with parents
t. Coordinating activities with other team professionals
u. Communicating effectively with other teachers or caregivers concerning needs and strengths of individual children
v. Guiding and supervising paraprofessionals and volunteers
w. Other (please specify)

From: *Early Childhood Special Education Personnel Preparation Monograph* published by Cuyahoga Special Education Service Center.

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A-T17

TEAM RESPONSIBILITIES

Teacher

Speech-Language Pathologist

Motor Specialists

Resource Teacher

Classroom Aide

TEAM RESPONSIBILITIES

ALL TEAM MEMBERS

All team members share responsibility for the overall functioning of the program and for ensuring that the needs of each child are addressed within the context of the program. Team members can negotiate with the team leader and among themselves the specific division of responsibilities which are not clearly discipline specific.

Expectations include:

1. Share responsibility as a team to facilitate child outcomes.
2. Share responsibility for promoting children's communicative abilities.
3. Participate in decision-making at team meetings regarding child's programming.
4. Facilitate child use of selected forms of mobility within and to-and-from classroom.
5. Position children in adapted seating for activities throughout the day.
6. Implement behavior programs established for individual children.
7. Develop materials for use in programming activities.
8. Prepare activities, clean-up, laundry, dishes.

TEAM LEADER

Team leaders are responsible for the classroom programs. They provide overall supervision, direction, and guidance to team members in planning and implementing the integrated programming model. Team leaders represent the disciplines of education, speech and language pathology, and physical/occupational therapy and thus form an interdisciplinary leadership team to support the classroom program.

Expectations include:

1. Demonstrate, teach others, and facilitate interventions in the classroom regularly. It is expected that the team leader will be the primary demonstrator for interventions and consult others to learn techniques as needed.
2. Teach team members to write children's programs. This process should include data-based decisions about program design, implementation, and modification. Sources for decision-making/program writing include: (a) IFSPs (i.e., family goals); (b) classroom observations; (c) other daily program data; and (d) written records (e.g., intake information, medical records).
3. Conduct weekly team meetings to: (a) review and graph each child's progress; (b) review team progress; and (c) cooperatively demonstrate classroom and team activities, such as activity planning, addressing individual needs, and problem solving.
4. Monitor the functioning and integrity of the classroom team through ongoing classroom participation with reference to quality indicators for team programming. Written and verbal feedback is to be provided to team members (individually and as a group) at least two times each semester.
5. Demonstrate and coordinate development of written progress reports at the end of each semester. The team leader is expected to provide team members with a model and several examples for these reports.
6. Schedule and conduct IFSP meetings. Write IFSPs based on family-identified needs and goals. It is expected that team members will be involved in this process through invited participation/observation at the IFSP meeting.
7. Ensure through weekly review the appropriate collection, summarization, and reporting of classroom data.

CLASSROOM TEACHER

The classroom teacher is responsible for implementing quality educational programming with all children assigned to the classroom program through: effectively communicating with parents; planning and implementing integrated classroom activities which incorporate the needs of each child; facilitating interaction and independence; managing the classroom environment; and contributing to decisions about child programming made by the team.

Expectations include:

1. Maintain consistent contact with parents of children regarding classroom changes, individual goal changes,and parent concerns.
2. Structure activities and group children to facilitate natural interactions among children and peer modeling.
3. Implement the primary goal for each child and use the designated method of instruction accurately.
4. Posture children appropriately using equipment necessary to allow for maximum independence during all activities.
5. Establish and maintain appropriate classroom management routines which include management of individual behavior, equipment, adaptive procedures and devices.
6. Use whatever communication system has been developed for each child according to the procedure established.
7. Develop and implement written lesson plans which reflect what occurs during each activity.
8. Conduct each activity so that each child has several opportunities to perform the targeted skill.
9. Provide instructions and interact with children in language they understand.
10. Maintain systematic and accurate data and use it to evaluate and revise children's programs.
11. Participate in weekly team meetings and provide input to the team concerning educational needs of children.
12. Evaluate and modify teaching behavior based on self-evaluation and evaluation of team leader.
13. Complete team tasks including, but not limited to, room set-up, clean-up, laundry, and dishes.

A-H9

CLASSROOM SPEECH-LANGUAGE PATHOLOGIST

Activities of a classroom speech-language pathologist may include any and/or all of the following. Although the classroom speech-language pathologist will have primary responsibilities for carrying out these activities, she/he should complete the activities with the assistance of the entire programming team as appropriate, the team leader, and the speech-language pathology supervisor.

Expectations include:

1. Identify children in need of communication programming.
2. Complete assignments on children requiring communication programming including: (a) analyses of children's communication abilities across various classroom activities; and (b) individual administration of specific tests as indicated.
3. Identify communication goals for assigned children.
4. Design intervention programs that can be implemented in the context of typical and ongoing classroom activities.
5. Implement communication intervention programs by conducting various classroom activities.
6. "Team" with the teacher(s) in the implementation of classroom activities focusing on communication.
7. Attend weekly team meetings.
8. Develop data sheets and collect and summarize data on a weekly basis for all assigned children.
9. Write communication progress summary (for inclusion in the total semester progress report) and make recommendations for the next semester.
10. Train parents and staff in communication facilitation techniques as appropriate.

RESOURCE TEACHER/CLASSROOM CONSULTANT

The Resource Teacher/Classroom Consultant is responsible for assessing the specific abilities of children within the school environment; designing and constructing specific programs, materials or equipment to assist the children or staff to accomplish objectives; and training others in the implementation and evaluation of the program, materials or equipment.

Expectations include:

1. Evaluate children within classroom settings or individually, to determine levels of performances, personal reinforcers and effectiveness of specific techniques or approaches. Perform ecological assessments within the school environment to identify behavior and communication patterns, social interactions, and the children's responses.
2. Design special programs of use or implementation, adaptive equipment or devices and special materials or supplies and incorporate into the individual child's school routine within the context of the regularly scheduled classroom activities.
3. Implement programs designed for specific children within the school environment which address enhanced skill development or an identified individual difficulty so that each child may more fully participate in the school activity.
4. Train other team members to implement special programs or to use adaptive equipment to integrate children into the classroom routine.
5. Design and construct material and equipment which will enhance the overall classroom or therapy program.
6. Consult with identified program experts and community consultants to expand professional knowledge and resources.
7. Document all evaluation, or inventory results, record ongoing data for specific programs and keep a daily log of activity.
8. Participate with parent group on specific activities.
9. Observe program using Program Quality Indicators.
10. Utilize media to develop instructional activities.
11. Assist with IFSP and participate in team meetings.
12. Other duties as assigned.

A-H9

PHYSICAL THERAPIST OCCUPATIONAL THERAPIST

The Physical or Occupational Therapist is responsible for providing therapy or monitoring of individual children and consultation to parents and staff regarding children's motor performance. The therapists evaluate children's skills, adaptive equipment, and the educational environment; identify goals and objectives for student performance based on information from the family and other team members; develop intervention plans and strategies; and record and analyze progress. The therapists report directly to the Motor Therapy Supervisor, but consult and interact regularly with the team leaders of each classroom. The therapist maintains continuous and open communication with the children's families and individual classroom teams.

Expectations include:

1. Provide direct therapy and/or monitoring for children who have been targeted by the classroom teams within the context of the classroom environment.
2. Consult to classroom staff and parents regarding children's motor development and carryover activities.
3. Participate as a member of the classroom team(s) to plan and implement programming for children.
4. Prepare intervention plans (sequences) for all children seen for direct therapy and for those being monitored with the classroom.
5. Assess initial performance and progress of targeted children with the context of direct intervention or monitoring with the classroom. Collects daily programming data, summarizes and graphs data for presentation to teams during Friday meetings.
6. Provide inservice training in areas of professional expertise as requested.
7. Attend parent conferences as arranged and scheduled by team leaders.
8. Prepare a semester progress report for all targeted children assigned.
9. Complete semester summarizations and purge motor programming information for inclusion in main motor files.
10. Participate in all day-to-day tasks including, but not limited to, room set-up, cleanup, equipment design and modification.
11. Maintain consistent communication with each team leader and with the Assistant Early Childhood Program Director.

Source: Family Child Learning Center Staff Handbook.

LEVEL: ADMINISTRATION

GOAL: #3 Recognize that preschool integration is an effective means to provide education to infants and young children, including children with special needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Recognize that preschool integration is an effective way to teach and is manageable from the standpoint of program design.

OBJECTIVE: Participants will be able to justify program design on the basis of philosophy and available options and the cost/effectiveness associated with various works.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Examine philosophy and options.	1. Transparencies (A-T18 and 19) *Philosophy Statement* *Options*	1. Lecture/discussion for groups.
2. Small group activity Role play model types; other participants guess which model they are portraying.	2. Transparencies (A-T20 and 21) *Models and Descriptions* (3 pp.) *Staff Need Assistance*	2. Pass one option to each of four groups.
3. Small group activity Given a scenario, streamline a program.	3. Transparency (A-T22) *Scenario*	3. Consider model options and necessary outside resources.
4. Large or small group activity Brainstorm cost/effectiveness of integrated and segregated models.	4. Transparency (A-T23) *Model evaluation form*	4. May break into groups. – Encourage a "general" discussion rather than guessing dollar amounts. Note that one effect is that integrated programs provide better support for, respect of, and sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.).
5. Large group activity Review cost/effectiveness of integrated and segregated models.	5. Transparency (A-T24) *Cost/Effectiveness Overview*	5. Lecture/discuss overview (may use ALEM to illustrate).
Rank order aspects of efficacy in terms of individual situation.	Transparency/Handout (A-T25) *Efficacy* Handout (A-H10) *ALEM Module*	Additional or ALEM model text may be used as Handouts to supplement discussion.

A-T18

PHILOSOPHY

We are charged with the responsibility to teach a wide array of children, all representing unique needs. Some of the differences among children are associated with cultural identity and cultural patterns, others with biologically-based characteristics that differentiate them markedly from many of their age-mates. The differences are real. It is not the teachers' or therapists' task to eliminate these differences and to produce sameness. Rather, it is our task to gear instruction to the differential needs and strengths of learners, at any age or educational level.

OPTIONS

We cannot assume that all early intervention programs are equally effective. Different programs are no doubt effective in different ways. Typically, those programs that have well-articulated goals and clear philosophy are more likely to be effective.

A-T20

PROXIMITY MODEL

COOPERATIVE MODEL

SYSTEMATIC IMITATION MODEL

CONFEDERATE MODEL

PROXIMITY MODEL

Children with disabilities are placed in a special education preschool in which they are treated in the same way as any relatively high-functioning child (e.g., occasional and unplanned requests by the teacher for demonstrations of appropriate behavior).

COOPERATIVE MODEL

(Johnson & Johnson, 1975)

Children with and without disabilities are given tasks that require positive interdependent interactions to reach mutual goals as opposed to competitive or individualistically structured goals.

A-T20

SYSTEMATIC IMITATION MODEL

(Apolloni & Cooke, 1978)

Children without disabilities are prompted in a planned and organized way to demonstrate specific behaviors, with instructions, prompts or contingencies supporting the imitation of these behaviors by children with disabilities.

CONFEDERATE MODEL

(Strain, Kerr & Ragland, 1981)

Children without disabilities serve as associates or confederates of the teacher and are trained and reinforced for performing specific behaviors believed to increase the probability of desirable behavior by children with disabilities.

A-T21

STAFF NEED ASSISTANCE

1. Require encouragement and supervision from administrators to develop a team perspective, interactional skills, and proficiency in group dynamics.
2. Clear transition procedures regarding the sending and receiving children and parents.
3. Teacher accommodation for team problem solving and shared classroom responsibilities, curricula, and provision of less expensive personnel for certain duties.
4. Establishment of student outcomes and measurement of success of instruction through data management and documentation.

SCENARIO

4 Special Education Teachers
1 Aide
1 Itinerant (Traveling) Therapist

10 Children in the program (5 N-Hncp)
20 Children on a Waiting List

Streamline the program

A-T23

MODEL EVALUATION FORM

	Integrated	Segregated
Benefits		
Children		
Staff		
Money ($)		
Costs		
Children		
Staff		
Money ($)		

A-T24

COST/EFFECTIVENESS OVERVIEW

1. Favorable academic and social effects for both groups.

(Wang & Birch, 1984)

Special education students make comparable gains to their peers in resource rooms.

Regular education students function similarly whether integrated or regular.

2. Alternative to expensive pull-out programs.

(Affleck et al., 1988)

At least as effective academically as resource.

- Alleviates stigma caused by pull-out.
- Reduces scheduling frustrations.
- Allows coordination of different curricula used in two settings.

Practical application of current thinking of special educators who are calling for greater involvement from both regular and special education disciplines.

3. Cost of staffing for both regular and special education.

(Affleck et al., 1988)

Co-funded by regular and special education.

Cost savings associated with changes in staffing patterns

- Varies with student-teacher ratio patterns for regular/special education and decisions on how to split funding for integrated teacher.
- May be additional cost related to staff development/consultation which also may be covered by grants.
- No major differences related to supplies/materials.
- Indirect cost savings because additional rooms are not needed.

A-T25

EFFICACY

Cost

Staff Efficiency

Positive Outcomes for Children

Rank order aspects of efficacy and justify the ranking in terms of your own situation.

A-T25

Integration can be achieved
most effectively when
local administrators are committed
to creating educational environments
where all children can learn.

A-T25

This requires:

Collaborative team planning and decision making focused on:

1. Organization and implementation of interagency transition procedures;
2. Evaluation of student outcomes;
3. Accommodation of student differences through ecological analysis and training ("Goodness of fit").

A-H10

ADAPTIVE LEARNING ENVIRONMENTS MODEL (ALEM)

The University of Pittsburgh
Margaret Wang and Jack Birch

Popular model in use in 150 school districts in 28 states.

Designed to create school environments that maximize each student's opportunities to master basic academic and social skills.

Focuses on modification of conditions in the learning environment and characteristics of individual students and builds up each student's strengths and capabilities in order to increase the probability to profit from the learning environment.

Includes systematic integration of a range of practices which have been found to be instructionally effective and pedagogically meaningful in theory, research, and practice.

Addresses "large practical variables"
- allocation and efficient use of teachers' and students' time
- structure of classroom management
- teachers' feedback and reinforcement to students
- quality and pattern of teacher-student interactions
- relationship between diagnosed learning needs of the student and the nature of the instructional intervention
- degree of flexibility in school structure for the provision of classroom instruction that is adaptive to student differences

Shows that positive student outcomes coincide with high degrees of program implementation.

ALEM EFFECTIVENESS

	ALEM %	Traditional %
Classroom Processes		
Initiated interactions w/teachers	32.4	4
Interacted w/teachers for instructional purposes	95.2	88.1
Interacted w/peers for instructional purposes	45	13
Less time on teacher prescribed activities	63.6	91
More time on self-selected exploratory action	26	5.5
More time on-task	90	80
Time spent in group activities		equivalent

Showed gains in student achievement.

Rated cognitive competence, social competence, and general self-esteem higher.

COST

	# Classes	New Imp	Maint	# Classes	Maint. Reg. Ed	SPED cost	Cost to District
1979-80	0	0	0	7	2128	60,000	62,128
1980-81	4	10,700	0	3	1265	30,000	41,965
1981-82	7	8,700	6,600	0	0	15,500	30,800
1982-83	7	0	14,500	0	0	15,500	30,000

Efficacy — Analysis of the Cost of Staffing

Elementary School	Grades 1-5	450 students with 8 MH per grade
SPED		
Integrated		
1.25 (FTE)	5 classrooms x .25	41,250
Aides	3 hours	20,925
		$62,175
Resource		
2.0 (FTE)		66,000
Aides	7 hours	9,765
		$75,765
	Total Savings	$13,590
REGULAR EDUCATION		
Integrated		
13.75 (FTE)	5 teachers partly funded by SPED	453,750
Resource		
15 teachers		495,000
	Total Savings	$ 41,250
	Combined Cost Savings	$ 54,840

Issaquah, Washington School District		
Integrated Classroom funded	25% SPED	75% Reg. Ed.

GOAL 4

Integration

LEVEL: ADMINISTRATION

GOAL: **#4** Develop a plan to provide integrated services by using existing resources modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Support integrated programs by recognizing global issues, staff concerns and program needs.

OBJECTIVE: Participants will recognize possible issues which may impact their program.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Determine current issues concerning integration. – List local, state, or national issues which may impact/have implications for staff.	1. Worksheet (A-W2) *Integration: Implications for Practice*	1. May be used as Transparency for large group, with or without small group discussion prior to large group work.

A-W2

INTEGRATION: IMPLICATIONS FOR PRACTICE

DIRECTIONS: List ten issues which have serious implications for practice within your program. Address local, state, and national topics which will affect your staff.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

LEVEL: ADMINISTRATION

GOAL: #4 Develop a plan to provide integrated services by using existing resources modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Support integrated programs by recognizing global issues, staff concerns, and program needs.

OBJECTIVE: Participants will develop a list of inservice topics to meet staff needs and address listed issues.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Recognize possible inservice topics which can be derived from "issues list." – List inservice topics.	1. Transparency (A-T26) *Inservice Topics* (left side)	1. Use Transparency for large group. – Small group work may precede large group discussion.

INSERVICE TOPICS

DIRECTIONS: List five topics which you feel would assist your staff in providing integrated services. Then determine what resources would be available to assist you in providing this training.

Topic	Resource (Agency/Person/Program)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

A-W3

INSERVICE TOPICS

DIRECTIONS: List five topics which you feel would assist your staff in providing integrated services. Then determine what resources would be available to assist you in providing this training.

Topic	Resource (Agency/Person/Program)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

LEVEL: ADMINISTRATION

GOAL: #4 Develop a plan to provide integrated services by using existing resources modifying current techniques, and creating strategies to meet emerging needs.

COMPETENCY TYPE: ATTITUDE/VALUE

COMPETENCY COMPONENT: Support integrated programs by recognizing global issues, staff concerns, and program needs.

OBJECTIVE: Participants will determine inservice resources and recognize the wealth of information available to address the listed issues.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity List resources and information sources available in the community. – List resources available to address each inservice topic.	1. Worksheet (A-W3) *Inservice Topics* (right side)	1. Use Transparency for large group discussion. – Begin with small group brainstorming. – Encourage networking, exchange of information, and suggestions of appropriate speakers. – End with individuals listing topics for which they have no resources and encourage participants to provide suggestions personally at the next break.

Integration

GOAL 5

LEVEL: ADMINISTRATION

GOAL: #5 Become familiar with model programs providing integrated services.

COMPETENCY TYPE: KNOWLEDGE/SKILL/ATTITUDE/VALUE

COMPETENCY COMPONENT: Become familiar with model programs providing integrated services.

OBJECTIVE: Participants will develop awareness of successful integrated programs by comparing/contrasting features of these programs; note methods and techniques useful in their own programs; and recognize the value of utilizing existing resources/programs to assist in the development of their own program.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Identify local, state, and national integrated programs. 2. Examine program descriptions of integrated sites and compare/contrast features.	1. Worksheet (A-W4) Known Integrated Programs 2. Worksheet (A-W5) Comparing Integrated Programs Use local program descriptions, speakers, etc. to examine local sites.	1. May brainstorm in small groups, then share with large group. 2. May have guest speaker(s) representing local program(s).

KNOWN INTEGRATED PROGRAMS

COMPARING INTEGRATED PROGRAMS

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ANNOTATED BIBLIOGRAPHY
(Additional Resources)

Affleck, J. Q., Madge, S., Adams, A., and Lowenbraun, S. (1988). Integrated classroom versus resource model: Academic viability and effectiveness. *Exceptional Children, 54*(4), 339-348.

This article compares student achievement data of the Integrated Classroom Model (ICM) to achievement data in resource room programs. Cost effectiveness of the two programs is also compared. No significant differences among special education or regular education students in ICM were noted. The ICM was shown to be more cost-effective than resource room programs while achieving similar results.

Bricker, D. D. (1978). A rationale for the integration of handicapped and nonhandicapped preschool children. In M. Guralnick (Ed.), *Early intervention: The integration of handicapped and nonhandicapped children* (pp. 3-26). Baltimore: University Park Press.

Campbell, Philippa H. (1987). The integrated programming team: An approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. *The Association for Persons with Severe Handicaps, 12*(2), 107-116.

Article describes an approach to team programming in which parents and professionals work together to select program goals, provide services, and monitor progress. The philosophy for organizing teams and an overall functional assessment-curriculum is shared.

Guralnick, Michael J. (1990). Major accomplishments and future directions in early childhood mainstreaming. *Topics in Early Childhood Special Education, 10*(2), 1-17.

Three themes of influence: (a) public policy, (b) educational practice, and (c) developmental principles and research are discussed in relation to mainstreaming early childhood programs. Establishing a developmental framework and collaboration network are stressed.

Guralnick, M. J., and Groom, J. M. (1987). The peer relations of mildly delayed and nonhandicapped preschool children in mainstreamed play groups. Child Development, 68, 1556-1572.

Hanline, Mary F. (1985). Integrating disabled children. *Young Children, 40*(2), 45-48.

Strategies for successful integration of children are explored. Emphasis is placed on dispelling fears concerning integration and encouraging social interaction among all children within integrated programs.

Jenkins, J. R., Speltz, M. L., & Odom, S. L. (1985). Integrating normal and handicapped preschoolers: Effects on child development and social interaction. *Exceptional Children, 52*(1), 7-17.

Integrated special education preschools are one alternative for educating young handicapped and nonhandicapped children in the same setting. This study evaluated the effects of integrated special education preschool programs, relative to comparable groups of children in nonintegrated special education preschools, across a broad assessment battery (i.e., measures of cognitive, language, motor, and social behavior). Children in both groups made significant gains across the year. Anticipated acceleration of delayed development will require more than proximity. Detailed curricula that structure the interaction between children and children with handicaps will be needed.

Martin, R. (1979). *Educating handicapped: The legal mandate.*

Odom, S. L., Deklyen, M., Jenkins, J. R. (1984). Integrating handicapped and nonhandicapped preschoolers: Developmental impact on nonhandicapped children. *Exceptional Children, 51*(1), 41-48.

To examine the effects of placing young nonhandicapped children in classes primarily containing handicapped children, 16 nonhandicapped children were randomly assigned to four integrated special education preschool classes. Placement of nonhandicapped children in integrated special education classes, where the majority of peers were handicapped, did not appear to interfere with normal development.

Odom, Samuel L. & McEvoy, Mary A. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. *Topics in Early Childhood Special Education, 10*(2), 48-61.

Examines bureaucratic and professional barriers toward mainstreaming at early childhood level. Philosophical theoretical differences, personnel preparation, and state regulations are among the issues detailed. The nature of these barriers, implications for programs, and future directions are discussed.

Perske, R. and Perske M. (1988). *Circles of Friends.* Nashville: Abingdon Press.

Turnbull, Ann P. & Turnbull, H. Rutherford (1986). Stepping back from early intervention: an ethical perspective. *Journal of the Division for Early Childhood, 10*(2), 106-117.

Different philosophies supporting the provision of early intervention programs and the ethical implications of early medical and intervention services are discussed. Impact of disability on families is detailed using examples and quotes from parents of disabled children.

Wang, M. C., & Birch, J. W. (1984a). Effective special education in regular classes. *Exceptional Children, 50*(5), 391-98.

An educational approach is described that accommodates, in regular classes, a much wider range of individual differences than usual. Adaptive Learning Environments Model (ALEM) can be implemented effectively in a variety of settings and that favorable student outcome measures coincide with high degrees of program implementation.

Wang, M. C. & Birch, J. W. (1984b). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children, 51*(1), 33-40.

A study comparing the effects of a full-time mainstreaming approach for handicapped students with a resource room approach for similar students is reported. The full-time mainstreaming approach exceeds the resource room approach in attaining desirable classroom processes, student attitudes, and student achievement in basic skills.

THE INTEGRATED CURRICULUM: A FRAMEWORK FOR SERVING PRESCHOOL CHILDREN WITH DISABILITIES WITHIN INTEGRATED SETTINGS

Chapter 3
The Classroom: A Basis For Learning

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Providing individualized and integrated programming to enhance each child's independence and to prepare children for eventual regular preschool or kindergarten are the overall purposes of an integrated approach. There are three reasons why our approach is labeled **integrated.** Primary among these is an underlying philosophy that young children learn best when grouped together on the basis of **differences** rather than on the basis of **similarities.** In other words, heterogeneous groupings of children both in a classroom unit and for group activities within a classroom are used to enhance and facilitate children's learning (Campbell, in press a; Odom & McEvoy, 1988). Some children, particularly those with disabilities, may require additional services to benefit from early education. These related and specialized services are not delivered separate from the early education curriculum but are provided in ways that further enhance and faciliitate children's learning (Campbell, 1987). Our approach is called integrated for a second reason. Specialized instructional and therapeutic methods are **integrated** into programming provided for children with special needs in order to facilitate their participation in early childhood education.

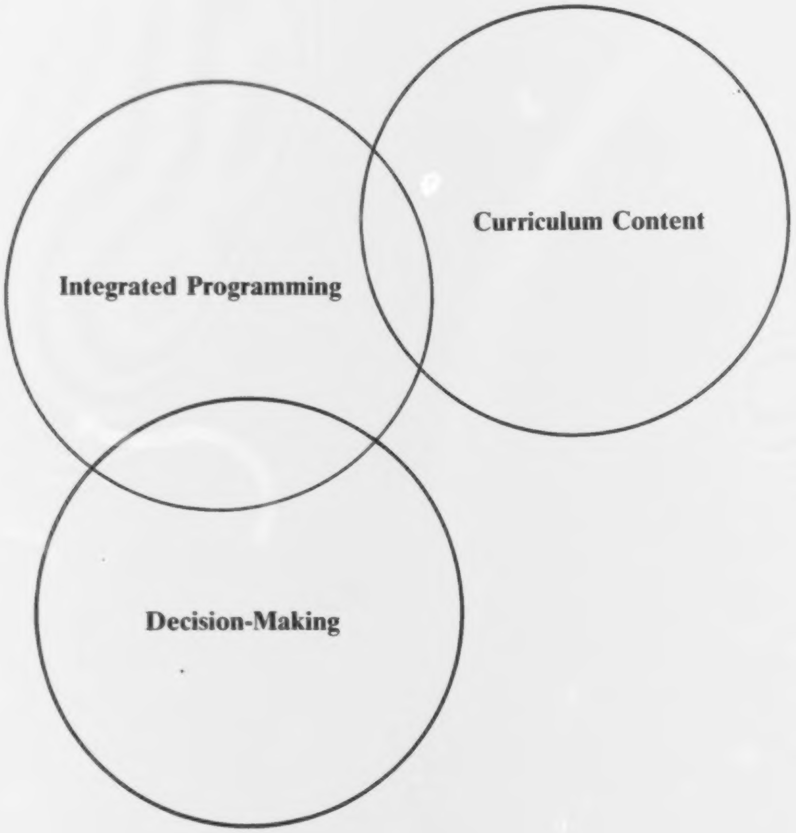
The third reason relates to the content of early childhood education and an emphasis on facilitating children's conceptual learning. Classroom learning activities used in the *Integrated Curriculum* are drawn from themes which, in turn, are representative of a unit of instruction that emphasizes cognitive concepts. A particular cognitive concept, such as knowledge of what we eat, for example, is described further as a concept area of foods and units such as fruits, vegetables, meat, and so on. Each of these units, in turn, is broken down into daily themes. A unit on fruits might include daily themes such as apples or oranges. Each theme provides a framework for the content of classroom activities for a given day (or period of time). All activities, such as opening circle, music, table top activities, and so on emphasize the content of the selected theme. Children may make, for example, applesauce during snack preparation or drink apple juice during snack and paste apples on trees during art. The content of the curriculum is labeled **integrated** because the same cognitive concepts are emphasized through the daily theme in all classroom activities for a given day (or period of time).

Dimensions of the Integrated Curriculum

The *Integrated Curriculum* is divided into three major dimensions: (a) content structure and classroom activities; (b) integrated programming methods; and (c) measurement and decision-making. The inter-relationships of these dimensions are illustrated in Figure 3.1. Content areas emphasized in a classroom provide the structure for planning classroom activities. Determining which cognitive concepts to teach and breaking these concepts into daily themes is the responsibility of the classroom teacher. These activities, in turn, provide a framework into which individual child goals and objectives are synthesized and the context in which integrated programming methods are delivered for children with disabilities.

Figure 3.1

The three inter-related dimensions of the ***Integrated Curriculum*** *— content, programming, and decision-making — provide a basis for quality programming for young children with and without disabilities.*



The importance of an integrated programming team in planning and delivering services for children with disabilities is discussed in Chapters 4 and 5. Chapter 6 describes examples of specific integrated intervention methods, drawn both from education and from the related services fields, that can be used to enhance independence and facilitate children's learning. Measurement and decision-making strategies enable parents and professionals to determine the effectiveness of methods used to teach children and to change those methods, as necessary, to facilitate child progress.

Content Structure

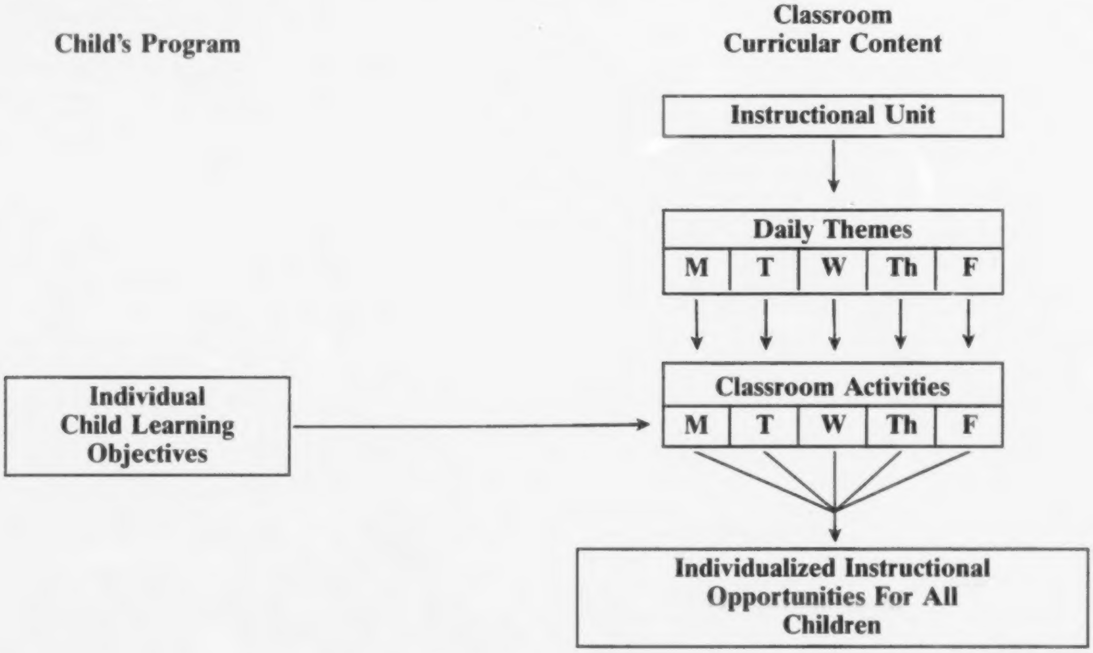
Content for the curriculum is drawn largely from a conceptual knowledge base that is appropriate for the chronological age of children enrolled in a classroom unit. As such, content is cognitively-based. Timely topical areas, such as holidays or weather and seasons are interspersed, as appropriate, throughout a program semester. Content areas are organized into **instructional units** which, in turn, are further broken down into daily **themes.** Some themes, such as those involving topical areas, may be emphasized on more than one classroom day but most themes are covered fully during one classroom day.

Each child works on acquiring specific responses at specific levels within the **context** of each activity. For example, a teacher developed an **instructional unit** of body parts and included a daily **theme** of hands. The activity of making hand-shaped cookies was selected for a snack preparation activity. One child with severe physical disabilities and limited ability to move the arms was expected to reach toward the cookie dough. When he did so, his teacher guided his hand onto the dough and using appropriate therapeutic facilitation procedures, helped open his hand and place it on the dough. The teacher then cut around the child's hand so that the child had practiced the individual objective of reaching toward an object while participating in snack preparation. Other children were expected to vocalize before putting their hands on the dough and another child was required to say the words "hand" and "cookie" before and during the cookie making activity. All children practiced the specific skills written in their individual objectives within the **context** of the snack preparation activity of making hand cookies. While some children completed all steps of the activity with only minimal teacher assistance and direction, most children performed only a few steps independently and were fully assisted for other parts of the activity.

The overall structure for curricular content provides the **context** in which teachers and related services personnel provide individualized and integrated programming around the specific objectives that have been individually designed for each child. The relationships between an **instructional unit**, daily **theme**, **classroom activities**, and **individual child objectives** are illustrated on Figure 3.2.

Figure 3.2

The relationships among curriculum content (units and themes), classroom activities, and individual child objectives is illustrated. Activities are derived from themes and units and provide a context in which teachers create opportunities for children to practice individual objectives.


Child's Program
Classroom Curricular Content
Instructional Unit
Daily Themes
M
T
W
Th
F
Individual Child Learning Objectives
Classroom Activities
M
T
W
Th
F
Individualized Instructional Opportunities For All Children

Conceptual and Topical Learning Areas

Teachers may select from any appropriate conceptual or topical areas to determine instructional **units**, **daily themes**, and **classroom activities**. An overall plan for the semester (see Table 3.1 for an example of a **Semester Unit Plan**) is completed to outline planned **instructional units** and daily **themes**. This plan provides a content framework for each classroom and ensures continuity among the conceptual and topical units emphasized throughout a particular semester.

Table 3.1

Example of a Semester Unit Plan

WEEK 1 Unit: Body Parts — Our Bodies

	M	T	W	Th
9/5	Arm	Arm	Leg	Leg

WEEK 2 Unit: Our Bodies

	M	T	W	Th
9/12	Head	Head	Total Body	Total Body

WEEK 3 Unit: Our Bodies

	M	T	W	Th
9/19	Hands	Hands	Feet	Feet

WEEK 4 Unit: Families

	M	T	W	Th
9/26	Mother	Mother	Father	Father

WEEK 5 Unit: Families

	M	T	W	Th
10/3	Brother	Brother	Sister	Sister

WEEK 6 Unit: Clothing

	M	T	W	Th
10/10	Hats	Hats	Coats	Coats

WEEK 7 Unit: Clothing

	M	T	W	Th
10/17	Shirt	Shirt	Pants	Pants

Some units may be the focus of instruction for only one week, for example, holidays such as Halloween. Other units may take several weeks, or a month to complete, for example, a unit on *Functional Objects*. Longer units are broken into smaller segments or daily **themes**. For example, a unit on *Families* is broken into several themes of brothers and sisters, mothers, fathers, or grandparents. A unit on *Toys* may include several themes, such as riding toys, dolls, or blocks.

Conceptual Areas of Focus

Concepts provide the knowledge base from which specific areas of focus, units, themes, and classroom activities are derived. Concepts selected for emphasis are **appropriate for the chronological age** of children in a particular classroom and **important and critical** for life-long learning needs. The chronological age-appropriateness of conceptual knowledge is judged against the theoretical base of cognitive learning described by Piaget (e.g., Piaget, 1960; 1962), interpreted by other theorists (e.g., Bruner, Olver, & Greenfield, 1966: Furth & Wachs, 1975; Hunt, 1961), and translated into curricula for young children (e.g., Hohmann, Banet, & Weikart, 1979; Weikart, Rogers, Adcock, McClelland, 1971) or for children with disabilities (e.g., Dunst, 1981; Filler, Robinson, Smith, Vincent-Smith, Bricker, & Bricker, 1975; Feuerstein, 1980; Robinson & Robinson, 1987; Stephens, 1977).

Piaget described the processes by which various levels of conceptual understandings are acquired (e.g., Ginsburg & Opper, 1979). Cognitive understandings begin with and are built upon **sensorimotor** behavior, characteristic of infants and toddlers, and end with complex symbolic representations that typify **formal operational** thinking strategies used by adults. In between these two levels of thinking are what are labeled the **preoperational** and **concrete operational** stages that have been used to describe the conceptual understandings acquired by preschool and early elementary school children. Whether or not children have learned certain sensorimotor or preoperational concepts is inferred by observing their physical and verbal behavior in both natural and contrived settings and situations.

A concept is a concrete or abstract idea that, in itself, may be understood at several different levels. For example, a child may demonstrate behavior that indicates an understanding that a particular object is smooth but be unable to demonstrate understanding of the same concept (i.e., smooth) with different objects or under different circumstances. In this instance, an inference is made that the child understands the concept under some exemplar conditions but not under others. The importance of this process of horizontal acquisition of concepts, the ability to generalize understanding of a concept across environments and objects, is particularly critical for children with disabilities (e.g., Dunst, 1981; Robinson & Robinson, 1987). The *Integrated Curriculum* structure is based on horizontal acquisition of concepts, addressed through integration of particular concepts across classroom activities.

Of equal importance is vertical acquisition of conceptual understanding. Understanding of particular concepts varies as a function of knowledge and experience and age. Our experiences allow understandings at increasingly complex levels of representation ranging from real objects and experiences to the more abstract representations of symbol (i.e., pictures) and sign (i.e., words) (Hohmann et al., 1979). Similarly, experiences and natural interactions with adults, other children, and objects allow acquisition and use of more complex systems for classifying objects and events. The basic task associated with vertical concept acquisition is one of classification at various levels. A child may demonstrate understanding of the concept of "arm" by assisting in putting the arm through a jacket sleeve when prompted by an adult ("Let's put your jacket on. Help mommy") but may not yet be able to point to or touch, for example, mother's arm, identify the arm of a doll, differentiate the arm on a picture of a boy, or judge correctly that a man with an artificial arm has an arm that is not real. Vertical acquisition of concepts occurs in the *Integrated Curriculum* through selection of classroom activities and through use of programming strategies that shape children's learning and behavior to more complex levels (see Chapter 6).

Selecting Concept Focus Areas

There are many concepts that can be emphasized in classroom programming. Selection guidelines help determine those on which to focus in a particular semester (Bailey & Wolery, 1984). These guidelines include the following questions:

> Is the concept chronologically-age appropriate for the children enrolled in a particular classroom?
>
> Is the concept immediately useful in home, school, and community environments in which children participate?
>
> Will the concept be useful to children in future school, living, community, and work environments?
>
> Can the concept be taught through natural and contrived examples within classroom activities?

Age Appropriateness. Learning a specific abstract or concrete concept is a sequential process and not one that can be linked directly to a particular **chronological age**. Nonetheless, adults would not expect three year olds to be able to differentiate and verbally identify two types of Labrador dogs or to demonstrate understanding of the differences and similarities in complex shapes. **Chronological age-appropriateness** is partly dependent on the degree of complexity in classification being required. Many concepts are appropriate at several age levels when increasingly more difficult classifications are required. Teachers select those concept areas that are most appropriate for the chronological ages of the majority of children and vary units, themes, and classroom activities on the basis of degree of complex classification and representational level. A unit focusing on functional object may include only spoons and cups, for example with younger children but for older children may be expanded to include glasses, beer mugs, or different types of spoons. A topical unit of Christmas is broken down into one daily theme of Santa for two- and three-year-old children but includes additional daily themes like tree or presents, for older children.

Immediate and Future Usefulness. Some concepts seem important but are not **immediately useful** for children across a variety of environments. Others may be immediately useful for successful classroom participation but may have limited value in future environments. Critical and important concepts are those that are essential for successful functioning in future environments. Concepts that will be important in future environments often are described as **functional concepts** (Bailey & Wolery, 1984). For example, a concept area of people, broken down further, for example, into units on various family members is useful in both immediate and future home environments. A unit on classroom members, derived from the same concept area of people, is immediately useful for children in the classroom environment but has limited immediate usefulness at home or in the community nor is such a concept unit useful in future environments. Teachers emphasize and focus classroom activities around concept areas that are relevant in as many immediate and future environments as possible.

Ease in Teaching Within Classroom Activities. Concepts are acquired by most children on the basis of naturally occurring interactions with other children and adults. These interactions provide information which confirms or reinforces, questions or denies, or correct a child's knowledge. When a young child, for example, points out the car window and labels a passing bus as "truck," the adult is likely to say "No, that's not a truck. It's a bus. See the people riding on the bus." A four year old who contends that he has more pennies than his playmate (when, in fact, he has fewer) is likely to be challenged and corrected by a child who is able to count or who has already acquired basic number concepts. Concepts such as vehicles are more difficult to teach naturally in the classroom than in other environments. Teachers must contrive examples through objects (i.e., toys) or pictures in order to teach this concept area. In contrast, concepts related to quantity are naturally taught more easily in the classroom environment where there are, for example, many instances in which themes, drawn from the concept area of quantity, such as more or less can be emphasized (e.g., more milk, more cookies during snack; more paper, paint, or other materials during art). From a pool of concept areas that are age-appropriate and useful in both immediate and future environments, teachers select those that can be taught most naturally (and with the least number of contrived examples) within the classroom.

Selecting Topical Areas of Focus

Topical areas are informational areas that are timely and interesting to a majority of children in a particular class. These areas may or may not relate to specific conceptual areas and, in a sense, can be viewed as "special events." Selecting an area of *weather* and a theme of *snow*, for example, on which to focus classroom activities during the month of January is a topical area of focus that includes concepts related to weather and snow. An instructional unit on Halloween, in contrast, is a topical area selected for classroom focus due to timeliness of the holiday. A Semester Unit Plan includes a balance between conceptual and topical areas of focus. Ideally, teachers plan the areas of focus for a semester and include topical areas that link with the conceptual areas that precede and follow the topic. For example, a topical area of *Mother's Day* links with a conceptual area of *Families* in a classroom for older preschool children. Some topical areas, however, cannot be linked to conceptual areas, in general, or for children of particular age levels. In these instances, topical areas are interspersed throughout a semester in order to vary the classroom routine and provide special events for children and their families.

Areas, Units, Themes, and Classroom Activities

Information concerning related concepts or topics is grouped together for emphasis and organized around a central theme when a unit approach is used. For example, the conceptual area of *weather*, mentioned above, includes any number of specific concepts such as hot/cold, snow, rain, sleet, ice, sun, mittens, snowsuits, snowmen, snowballs, and so on. A conceptual area of things we wear includes concepts of daily clothing, "Sunday" clothes, or inside and outside clothing. Not all concepts that are part of conceptual or topical areas of focus are age appropriate, relevant in immediate or future environments, or easily taught within a classroom setting. Teachers select from the overall **conceptual or topical areas** those specific concepts that will be emphasized with a particular group of children using, again, the same question guidelines used to select the focus **area**. These concepts are organized as a **unit** of emphasis and further broken down into daily **themes**.

Examples of **areas, units**, and daily **themes** that are both concrete and abstract and that vary in terms of levels of representation are presented in Table 3.2. This table is designed to provide concrete illustrations of decisions made by teachers concerning content for classroom activities. Chapter 7 includes additional examples of conceptual and topical areas of emphasis as well as classroom activities used to focus on each area of emphasis. These materials are intended to provide examples that can be used by teachers but do not outline a specific sequence of instruction. Decisions made by individual teachers to respond to the individual needs, interests, and abilities of children in a classroom cannot be superceded through a packaged approach.

Table 3.2

Examples of Conceptual and Topical Areas, Units, and Themes

Area	Unit	Theme
Numbers	Quantity/Size	More/Less Bigger/Smaller
	Putting In Order	By Size By Number
Functional Object Use	Utensils	Forks Spoons
	Writing Instruments	Crayon Pencil
	Same and Different	Contrasting Objects
	Sorting	Contrasting Objects
	Using the Same Objects in Different Ways	Various Objects
Humans	Knowing Ourselves	Who Am I? Faces
	Our Bodies	Arms Legs Hands Feet
Animals	Farm Animals	Cows Horses Chickens Pigs Goats
	Pets	Dogs Cats
	Zoo Animals	Lions Tigers Zebras

Decisions made to select focus **areas, units of emphasis**, and daily **themes** are extremely important. The result of these decisions is, essentially, the content of **classroom activities**. Activities that are not interesting or relevant for children in a classroom are difficult for teachers to implement. All children respond positively to activities that are interesting, fun, and motivating. The *Integrated Curriculum* is not a packaged set of activities but rather a structure that can be used by teachers to individualize decisions to reflect the uniqueness of children enrolled in their classrooms.

The Social Structure of the Classroom

Each classroom has both a social and a physical structure. Teachers who are responsive to the individual needs of children with disabilities in structuring both the social and physical environments of the classroom will be successful in achieving integration of children with disabilities with those who are non-disabled. Competent children can act as "teachers" or models of appropriate behavior for children who are less competent when provided structured opportunities to do so. These opportunities occur when teachers structure the physical environment to promote meaningful interactions among children (Bailey, Clifford, & Harms, 1982; Beckman & Kohl, 1984), use specific strategies to teach typical children to function as models (Apolloni & Cooke, 1978; Raver, Cooke, & Apolloni, 1978), or facilitate meaningful social and instructional interactions (Jenkins, Speltz, & Odom, 1985). Normally developing children will choose to interact with similar children in unstructured situations, such as free play, when teachers do not structure the physical environment or intervene to promote social and communicative interactions among children (Campbell, in press a).

Promoting Physical Integration

The ways in which children are grouped within a classroom and within classroom activities establishes a base upon which teachers specifically facilitate interactions among children. A variety of different approaches for providing integrated education have been used in programs across the country (e.g., Guralnick, 1978). True **mainstreamed models** place a small number of children with disabilities within day care or preschool programs for children who are not disabled (Galloway & Chandler, 1978; Klein & Sheehan, 1987). **Reverse mainstreaming** occurs when a few children who are not disabled are placed in preschool programs for children with disabilities (Bricker & Bricker, 1976; Vincent, Salisbury, Walter, Brown, Gruenwald, & Powers, 1980). **Integrated** preschool and kindergarten programs include approximately equal ratios of children with and without disabilities (Odom & Speltz, 1983).

Classroom Unit. The *Integrated Curriculum* can be implemented within any of the integration approaches described above. In any case, children with disabilities are grouped by chronological age in preschool classroom settings. A preschool classroom provides a natural setting in which to facilitate skill learning and provides an opportunity for each child to generalize these skills across a variety of contexts (e.g., Walter & Vincent, 1982). Placement by age rather than on the basis of disability provides a learning setting that approximates regular community day care and preschool programs or kindergartens, eventual settings in which a child with disabilities will receive further education.

Adult-child ratios that approximate regular settings are also used. A teacher-child ratio of approximately 1:6 or 1:7 is the typical recommendation for children in the three- to five-year age range for most state licensed community day care or preschool settings. Guidelines for numbers of children with and without disabilities enrolled in a particular classroom are not available. At the Family Child Learning Center, a simple formula has been used to develop classroom enrollments that provide the physical groupings on which social integration among children is facilitated. All children are rated on a semester basis using the categories outlined on Table 3.3. No more than three children who require significant amounts of adult assistance are grouped in any classroom unit. At least three children who are independent in functional skills are also enrolled in each classroom. Additional children are assigned to each classroom up to the recommended numbers for each age level. At the Family Child Learning Center, the following numbers of children have been enrolled in each classroom: Two Year Olds (10-12); Three Year Olds (12-14); and Preschool (14-16). This results in adult-child ratios of 1:5/1:6 (Two Year Olds), 1:6/1:7 (Three Year Olds), and 1:7/1:8 (Preschool).

Table 3.3

Categories Used to Described Children By Level of Needed Assistance

CATEGORY	DESCRIPTION
1	Requires adult assistance to participate in most classroom activities and transitions.
2	Needs adult assistance to participate in one or two classroom activities or in transitions.
3	Is independent; requires the same level of assistance needed by a typical young child of the same chronological age.

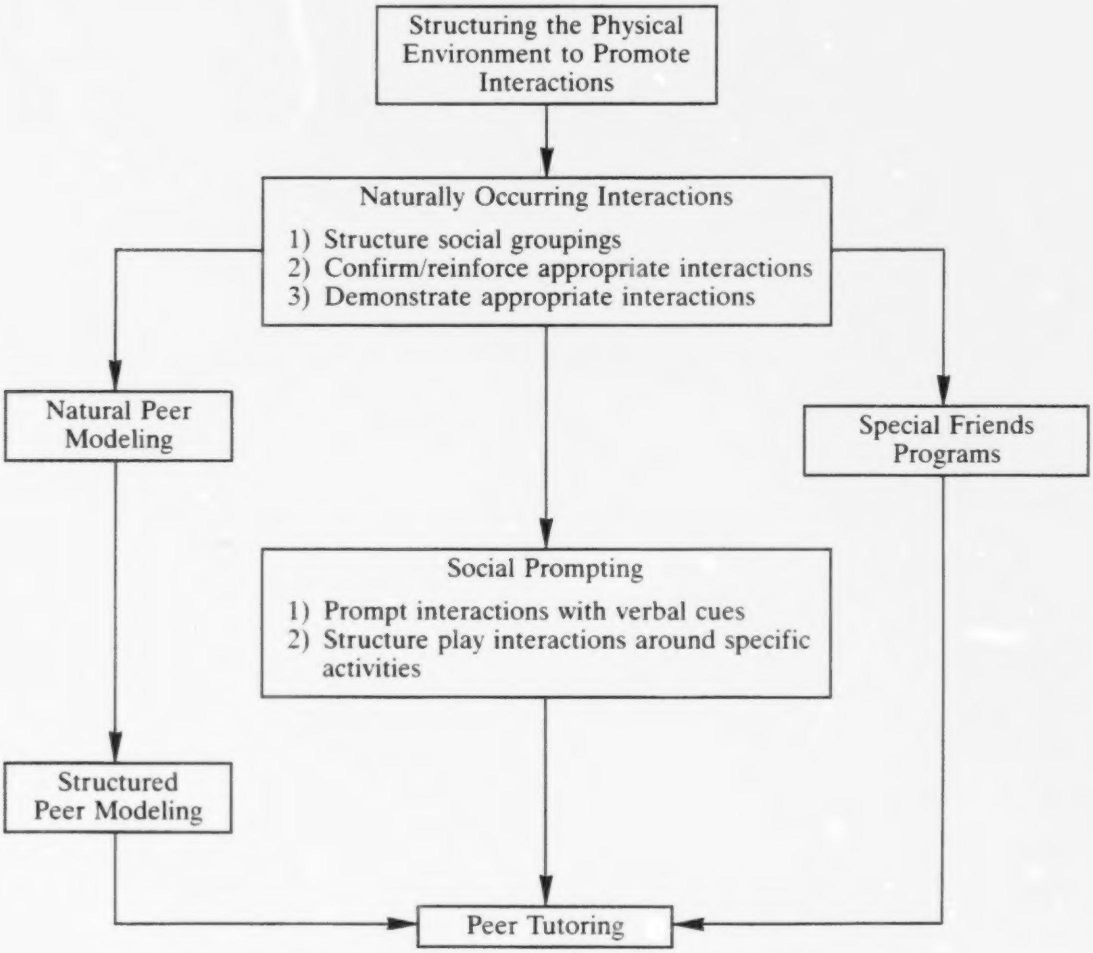
Groups for Classroom Activities. Children in preschool classes receive instruction in large or small groups. The emphasis is on group, rather than individual instruction to enable children to acquire preschool routines and group instruction skills needed for participation in community nursery schools, day care settings, or kindergarten. Classroom instructional groups include children with and without disabilities. Large group activities, such as opening circle, include all children enrolled in the classroom. Most activities, however, are structured around small groups of five or six children that include no more than two children requiring significant amounts of adult assistance and two children who are relatively competent in performing the activity. Within this context, a teacher is able to provide the varying amounts of attention and assistance that may be needed for each child to participate at some level in the activity while facilitating interactions among the children in the group.

Promoting Social Integration

All groups are heterogeneous and include children with and without disabilities when children are grouped noncategorically within both the classroom as a whole, and instructional groups. This structure allows children who are not disabled or who have lesser disabilities to function as role models and helpers for children with disabilities. Children who are verbal, for example, function as role models for children learning to speak. A child who can walk can push the wheelchair of a child who is unable to walk. Many positive interactions among children occur naturally when the classroom is physically structured to promote contact among children. Most interactions, however, must be facilitated or systematically structured. A number of different options have been used to facilitate social interactions among children. In general, strategies vary in terms of degree of intrusiveness of teacher (or adult) intervention required to facilitate interactions. Included are: (1) social prompting; (2) peer modeling; (3) special friends programs; and (4) peer tutoring or training (Campbell, in press a). Figure 3.3 illustrates the order in which these and other strategies are used to facilitate interactions among children in the least intrusive or disruptive ways.

Figure 3.3

Implementation process for using least to most intrusive strategies to facilitate social and communicative interactions among children.


Structuring the Physical Environment to Promote Interactions
Naturally Occurring Interactions
1) Structure social groupings
2) Confirm/reinforce appropriate interactions
3) Demonstrate appropriate interactions
Natural Peer Modeling
Special Friends Programs
Social Prompting
1) Prompt interactions with verbal cues
2) Structure play interactions around specific activities
Structured Peer Modeling
Peer Tutoring

Social Prompting. This approach has been used in early childhood settings, in particular, around recreation-leisure activities such as structured play activities. Children without disabilities initiate interaction by socially directing children with disabilities to engage in appropriate behavior. For example, a child may initiate interaction around a toy by going over to the child with more severe disabilities, getting a toy, and saying, "let's play," or may direct a child to follow routines of a classroom through initiation/verbal direction (e.g., Strain & Kohler, 1988). Teachers facilitate this process by selecting specific toys and activities that lend themselves to interaction. Play materials such as puzzles, crayons, and beads tend to be used individually by children while blocks, tea sets, and other items related to playing house tend to encourage sociability among children (Hendrickson, Strain, Tremblay, & Shores, 1982). Social prompting does not use specific training of children without disabilities and may be easily facilitated by a teacher suggesting to a child, for example, "what if you and Billy play with the blocks." This approach facilitates social interactions among children by guiding their interactions around specific activities rather than giving the child without disabilities a direct instructional or helper role with a child with disabilities.

Peer Modeling. Children without disabilities naturally model appropriate behavior for children with disabilities when skill levels among children are not too discrepant. A child with severe physical disabilities, for example, will not learn to walk by following the model established by a mobile student. However, a child who is able to wheel a wheelchair, operate a motorized toy or chair, or walk using a walker may learn to do so with a normal rate and within reasonable time limits by following the models of more mobile children. Similarly, children who vocalize but do not speak may learn to do so by following models of speaking children, but a child who uses a communication board or some form of gestured or signed speech is not likely to learn to talk simply by following the model of a speaking student. In a most general sense, children without disabilities provide incentives and establish "normal" environmental expectations for children with disabilities. When children are grouped homogeneously around disability levels, no child in a group may be mobile or speaking. This type of grouping eliminates both natural and structured peer modeling and establishes expectations for limited behavior for all children. Less able children can model the behavior and skills of more able children when teachers and other personnel group children to facilitate natural modeling.

Use of structured peer modeling includes more systematic guidance by teachers than just grouping children for natural modeling to occur. Children without disabilities can learn to cue those with disabilities by, for example, directing a child with disabilities to "watch me" or "do it like I do." Even more systematic applications of this approach resemble peer tutoring in that children are taught how to model specific instructional procedures that are appropriate for a child with disabilities (e.g., Apolloni, Cooke, & Cooke, 1977; Guralnick, 1976; Hendrickson, Strain, Tremblay, & Shores, 1982). The more structured the application of a peer modeling approach, the less natural are the interactions among children.

A common denominator in both natural and structured peer modeling is that children must be able to imitate the behavior being modeled by other children. Two aspects are involved in the ability to imitate. One aspect is that the child must be able to produce some approximation of the model's behavior. The second aspect involves children's concepts of imitation. Teachers can enhance the capacities of children to follow a model by teaching imitation skills. This training may be systematic or may be carried out in a natural setting or context. Formal imitation training experiences are often contrived and occur when children are taught systematically to imitate either motor (i.e., raise hands) or verbal (say "spoon") models. In formal training approaches, children may be trained to imitate a fixed set of models using a fixed number of training trials, using a least-to-most prompting sequence (e.g., Bricker & Bricker, 1976; Guess, Sailor, & Baer, 1977). Teachers and parents may teach imitation skills in naturally occurring contexts by verbally directing or physically cuing or guiding students to imitate the model being produced by another student. Verbal cues such as "do what John is doing" or physically guiding a child to reproduce modeled behavior can assist in learning imitation skills.

Special Friends Programs. Friendships are an important part of the lives of all individuals. Friends provide support and assistance, someone to do something with, and the simple enjoyment of interacting with another individual. Able-bodied friends become eventual support networks for children with disabilities by providing assistance with tasks or activities that may not be accomplished independently. Most people, with or without disabilities, need periodic assistance and support from friends, family members, or paid individuals to manage various aspects of their lives. Some children need assistance during snack, in the bathroom, or during specific activities, such as fire drills. Others need assistance during transitions between classroom activities, when going from one environment to another (e.g., classroom to bathroom), or in managing specific activities, such as washing hands. An unfortunate and often typical service delivery response to these needs is to provide services in segregated settings or to increase the number of paid adults.

Some programs facilitate friendships among children with and without disabilities through special training programs while other approaches rely on more naturally occurring interactions and instruction. Most children will require some sort of instruction to be helpers for children with any type of physical disability. Parents and teachers can provide this instruction by showing more able-bodied students how to perform caregiving routines such as helping to fasten the straps that hold a child in a chair, push a wheelchair, or move a body part. Adults may assist children to understand each other's communications and, in particular, communications that may not be easily recognized by other children. Children with severe disabilities may communicate through changes in posture, lip, and tongue movement (without sound), or arm movements rather than through facial expressions (such as smiling) or vocalizations that would be easily recognizable by other young children (Wilcox, Campbell, & Schmiel, unpublished). Showing children how to manage and use any adaptive equipment or devices increases competence in interacting with and understanding the needs of a child with physical disabilities.

Necessary information may be provided through formal instruction or awareness programs (e.g., a unit on *Things We See* that includes how children who are visually impaired recognize objects and people) or by providing information within the contexts in which information may be needed (Haring, Breen, Pitts-Conway, Lee, & Gaylord-Ross, 1987; Strully & Strully, 1985). For example, children may need to know that it is acceptable and not hurtful to move a child's arm or hand in a particular way to help the child complete an activity. The least intrusive way to provide this information occurs when teachers confirm and reinforce children's naturally occurring interactions (e.g., "That is a really good way that you are helping Sarah"). Another way is to provide demonstrations of the "best" ways to help a child accomplish a particular activity ("Let me show you how to help Sarah hold her spoon"). More natural interactions among children occur, when information can be provided, as needed, to facilitate interactions. In these situations, children generate solutions for interacting with each other that are, in turn, verified or modified by knowledgeable adults. Reinforcing a child who is interacting with a child with disabilities by saying "that is a nice way of helping Susan hold the paint brush" increases natural interactions and reinforces friendships among children to a greater extent than does first showing a child the "correct way" to provide assistance.

No one method is the only or best way for allowing friendships to occur among children with and without disabilities. Reinforcing natural interactions is the least intrusive or structured method. Providing information within the context of an activity is a more formal way of facilitating interactions. Teaching children without disabilities the general skills needed to interact with children with disabilities through, for example, unit instruction is a more structured method. Each of these methods is appropriate given the circumstances surrounding and the context in which expected interactions may take place. Teachers, parents, and other adults who are sensitive to the needs and concerns of both the children with and without disabilities can use methods that range in degree of intrusiveness to facilitate interactions.

Peer Tutoring or Training. Children without disabilities are taught how to provide tutoring or special training for children with disabilities in a peer tutoring approach (e.g., Kohl, Moses, & Stettner-Eaton, 1983, 1984; Odom & McEvoy, 1988; Stainback, Stainback, & Hatcher, 1983; Voeltz & Evans, 1983). In essence, children without disabilities provide the necessary and systematic instructional antecedents and reinforcers that would normally be provided by a teacher for particular children with disabilities around specific tasks or activities. Typical children have been successful in teaching children with disabilities any number of tasks ranging from playing with toys, to eating in the cafeteria, to performing specific instructional tasks. While peer tutoring allows for interaction among students, the interaction that occurs is not necessarily social and may inhibit the development of more normal social interactions between both children if not appropriately implemented.

The Physical Structure of the Classroom

Many factors are important when designing the structure of the classroom environment. Safety considerations are of paramount importance. Above all, children must be safe in all environments throughout a program including classrooms, gymnasiums, bathrooms, hall, and other areas. The ways in which these environments are designed and maintained can assist in protecting children and ensuring their safety. Appropriate designs for physical environments also facilitate children's learning and independence. As a simple example, placing a lot of toys on shelves that are accessible to children may not be safe nor does such a design facilitate learning. Children may pull toys off onto the floor (or onto other children), be unable to select toys with which to interact from such a large array, be distracted by such a large number of toys, or choose a toy with which they are unable to interact safely or productively.

Safety Considerations

Of primary importance are current and up-to-date instructions about special medical or health needs of children. Information regarding medications, seizures, allergies, and special handling of children with disabilities is posted in the classroom so that teachers and staff have accessible information for planning and for use in emergencies. Detailed instructions are written for children who may require ongoing medical procedures, such as suctioning or gastro-intestinal feeding. Teachers and other classroom staff are trained to implement these procedures so that children may be incorporated easily into the classroom environment (e.g., Servis, 1988). Medical/health information is updated on a semester-by-semester basis to ensure current and correct information. This may be accomplished by asking parents to complete a new report form (see Table 3.4) before each semester's enrollment or through verbal updating of existing forms.

Table 3.4

Format for Updating Health Information

SEMESTER PERSONAL INFO UPDATE

Date: ______________

Please help us to maintain accurate records by completing this form and returning to the teachers in your child's classroom.

Child's Name(s): ____

Current Address: ______________________________ Phone: ______________

____

Pediatrician: ____

Emergency Contact Person (to be reached if we cannot find you):

Name: _________________________________ Phone: ______________

List any allergies your child has: ______________________________

____

List any foods that your child *cannot* or *should not* eat. ______________________

____

____

Has your child ever had any seizures? ______________ Recent ________ ________

Please list the names of people who are allowed to pick up your child from school.

____

____

____

Children with physical disabilities may require special equipment both to maintain posture and protect against falls due to loss of balance or motor control. All classroom staff learn to use adaptive equipment and are trained to competency in its use with specific children (see Chapter 6). When equipment is not used properly or carefully, children may be endangered. For example, straps that are not fastened correctly may allow a child to fall from a chair, or a wheelchair that is not locked may roll away when a child attempts to use the chair for support when getting in and out. Problem behavior in any child may endanger other children when the behavior is not well managed using positive approaches. Children who may demonstrate aggressive behavior such as biting, hitting, or pinching other children require systematic management programs that are carefully developed and that replace undesirable behavior with appropriate social interaction skills (e.g., Bailey & Wolery, 1984).

Periodic safety checks are made of classroom, hall, and other areas to eliminate any safety hazards. In general, well-organized and clutter-free environments pose fewer safety hazards. Equipment, such as tables, chairs, or bookshelves, are regularly checked for sharp edges. Children with poorly coordinated movement may not be able to avoid dangerous obstacles. Children with visual impairments may be unaware of their existence. Quite obviously, all cleaning or potentially dangerous supplies are locked in areas where children do not have access. Finally, state standards and regulations for day care centers, special centers, or preschool programs provide clear guidelines for maintaining health and safety standards. Information may be obtained from the appropriate licensing department in each state (e.g., Child Development, Welfare, Special Education) about requirements for infection control, safety, and other areas.

Design of Classroom Space

Most classrooms for young children are designed around activity areas. Classrooms are divided into spaces in which particular activities will occur (e.g., Weikert et al., 1978) or are designed to accommodate specific activity stations such as housekeeping, a doll corner, or an art area (e.g., Bailey & Wolery, 1984). In either design, spaces are large enough to allow for both educational activities and special adaptive equipment which may be necessary for children with disabilities.

Room design for the *Integrated Curriculum* is based on space design that allows for table-top and floor activities. The room includes an open area for opening and dismissal circle activities where children sit on the floor or in small chairs. An area for table-top activities accommodates all of the children seated at one time at more than one table, for example during snack, and carpeted floor areas are used during activities such as structured play. Materials that will be used for activities are varied on a daily basis and are stored near the areas where each classroom activity will occur. Toileting activities occur in a bathroom adjacent to the classroom and a separate room is used for large motor activities and games. An example of room design is illustrated in Figure 3.4. While many variations of this design are feasible, the important features accommodate the needs of typical children and those with a variety of disabilities.

Figure 3.4

An example of organization and structure of the classroom environment.

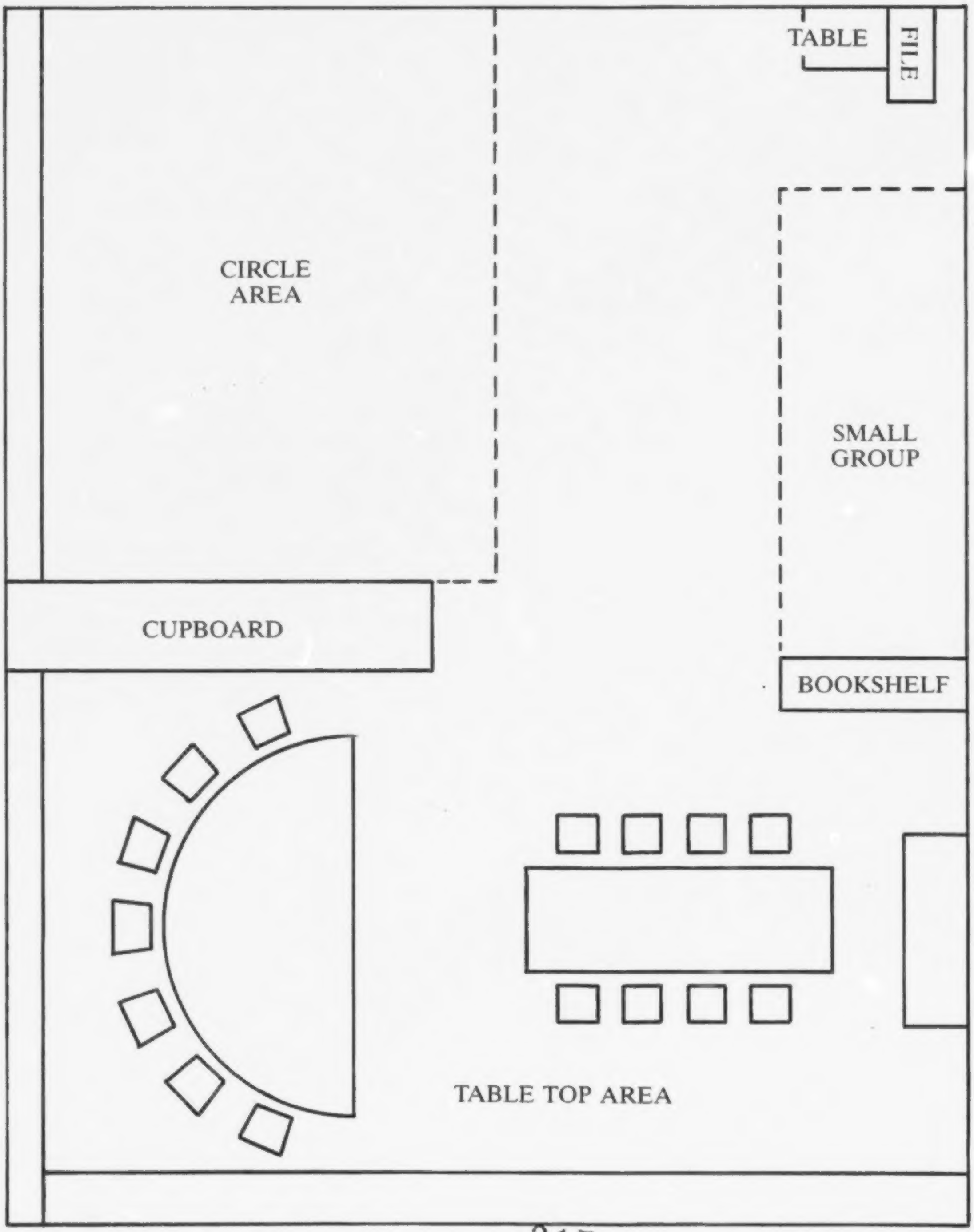


TABLE
FILE
CIRCLE AREA
SMALL GROUP
CUPBOARD
BOOKSHELF
TABLE TOP AREA

Adapting Environments for Individual Needs

As a whole, children with disabilities are able to participate in activities that are structured more easily than in activities that demand fully independent participation with limited environmental or adult structure. Simple adaptations to the physical environment can enhance participation of children with a variety of disabilities. Examples of adaptations that facilitate participation of children with visual, hearing, or motor disabilities are outlined on Table 3.5, 3.6, and 3.7.

Table 3.5

Physical Space Accommodations for Children with Impaired Vision*

1. Make sure that the lighting in the room is adequate to fully illuminate activities, but not too bright for children who require reduced lighting. Do not plan activities against a bright light source such as the windows.
2. Maximize the contrasting colors to indicate door knobs or switches which the child should learn to operate.
3. Minimize excess noise within the classroom and from without so that children with visual impairments can perceive the auditory cues they need to function.
4. Avoid excess detail on walls, shelves, or bulletin boards, so that children can attend to important components displayed.
5. Place objects at eye level and use objects that are meant to be touched such as three-dimensional wall hangings or bulletin boards.
6. Avoid frequent furniture changes and clutter within the classroom so that children with visual impairments can use tactile and auditory clues to move about the room.
7. Arrange for lockers or coat hooks that are permanently placed and located close to or within the classroom.
8. Allow for continuous tactile cues from one point to another within the classroom so that the child can move about independently. For example, a continuous wall from the locker area to the classroom door, a blackboard ledge from the classroom door to the seating area for opening circle, a bookcase next to opening circle that extends to the child's chair at the art table.

Some of these suggestions were take from Alonso, Moor, Raynor, von Hippel, & Baer (1978).

Table 3.6

Physical Space Accommodations for Children with Hearing Impairments*

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1. Keep the environment uncluttered but provide children with pictures to supplement instructions.
2. Make sure the classroom has good lighting so that children can attend to visual cues, such as your lips and mouth.
3. Minimize excess noise to help children attend to and use auditory cues to whatever extent possible.
4. In group situations, seat children up front and close to the teacher.
5. Get down to children's eye levels so that your face can be seen easier. Teach other children to look at children so that a child with hearing impairment can see their mouths and faces.

*Some of these suggestions were taken from LaPorta, McGee, Simmons-Martin, Vorce, von Hippel, & Donovan (1978).

Table 3.7

Physical Space Accommodations for Children with Physical Disabilities

---

1. Provide ample space for children to move or be moved within the environment using adaptive equipment such as wheelchairs, crutches, or walkers.
2. Adapt seating arrangements so that children with special chairs will be at the same height as the other children.
3. Arrange activities so that children can spend some time in standing each day. Children may be positioned in various types of standing equipment at the same height as other children.
4. Eliminate curbs and steps from the entrances and within the school environment. Use ramps for single steps or small flights so that children with crutches, walkers, or wheelchairs can navigate independently or at least without being carried.
5. Use nonslip floor coverings without high wax. All rugs or carpets should be secured with metal strips or tape on the edges so that children do not trip over them.
6. Keep floors free of toys and other obstacles which may block the path of a child in a wheelchair or in a walker.
7. Although adapted chairs may have specially made trays, try to use the classroom table for group activities so that the child with a physical handicap is not separated from the rest of the children.
8. Place toys and instructional materials in locations that can be reached by children in wheelchairs or from a sitting position on the floor. Use cupboards without doors, when possible, or leave doors open.

Organization of Classroom Activities

Activities in each of the **instructional areas** described below are chosen to reinforce particular units and themes. Activities follow the same schedule each day to provide a mix of table-top, floor, gross motor, and self-care activities (see Table 3.8). The following instructional activities are emphasized:

Table 3.8

Organization of Classroom Activities: A Sample Daily Schedule

TIME	INSTRUCTIONAL AREA
9:00- 9:15	Opening Circle (Whole Group)
*9:15- 9:45	Art/Gross Motor
9:45-10:15	Gross Motor/Art
10:15-10:30	Free Play/Toileting
10:30-11:00	Snack Preparation/Snack
*11:00-11:15	Tabletop/Story
11:15-11:30	Story/Tabletop
11:30-11:40	Music
11:40-11:45	Closing Circle

Opening and closing circles: Circles consist of approximately 10-minute time periods designed to give structure to the day for both children and staff. A brief orientation to the theme of the day is provided during opening. Teachers also take attendance during this time. A hello/goodbye song or similar activity defines the circle time.

Art: Art activities result in products that are partially or totally completed by children. These activities allow for independent use of manipulation schemes such as banging (to paste something down), pasting, cutting, hand movements (finger paint or play dough), or use of an instrument such as a crayon. All children complete as much of the art activity as possible. Therefore, several activities may need to be planned for groups of children who are learning skills of various degrees of complexity. Art projects are sent home and labeled with the portion of the activity that the child completed (e.g., "John pasted this with help").

Functional Patterns: These activities change with the theme and allow children to acquire functional skills. For example, functional activities may include opportunities to take shoes and socks on and off during a unit focusing on clothes.

Snack Preparation, Snack, and Snack Cleanup: Food and drinks for snack are: (a) partly or totally prepared by the children; (b) healthy and wholesome; (c) able to be eaten by all children; and (d) provide opportunities for children to clean up. Watch for specific food allergies for children in the room and either select foods to which nobody is allergic or modify foods for a child with allergies. Snack time is structured to provide opportunities for: (a) self-feeding or drinking; (b) table manners; (c) manipulation schemes such as opening, spreading, slicing (cutting), pouring, wiping, stacking, etc.; and (d) communication and social interaction. Snack ends with a clean up period which provides opportunities for children to wash their faces and hands and help clean up dishes, utensils, and the table area.

Toileting: All children are on some sort of toileting program ranging from scheduling to independence in dressing or requesting to use the toilet. Hand washing follows toileting for all children. The specific level at which a child is being programmed is listed on the IEP.

Structured play: Toileting all children requires a complementary activity as some children will take longer to toilet than others. Structured play activities allow children to learn to engage in independent activities and/or to play with each other, skills needed in most community preschools and kindergartens. Children who have not learned to play independently (or are unable physically to do so) are made independent through training (structuring materials), adaptive devices, and "helping friends."

Story time: A short time period when the teacher reads a story allows children to learn to listen and interact. Activities are designed to facilitate active rather than passive (listening only) participation of the children. Flannel boards (to illustrate the story), puppets, or props enable children to be active participants in the story.

Table-top activities: This category includes activities that are best done at a table. Skills that are necessary to "get along" in life are the content area for these activities. Examples include: manipulation activities where children open containers or use fastenings, sort or match functional objects, or do special activities, such as work with plants.

Gross motor: These activities are completed outside the classroom in a designated room or in the gym. Gross motor time focuses on developing muscle strength, endurance, and coordination as well as increasing independence and the ability to follow directions.

Music: Music activities, a part of all early childhood programs, offer opportunities to practice arm and hand (manipulation) schemes, vocalize (sing or make sounds), and socially interact.

Planning Classroom Activities

Daily themes are translated into classroom activities for each of the instructional areas (e.g., circle, snack, art) through written lesson or **ACTIVITY PLANS** (see Table 3.9 and Chapter 7). Activities provide the context in which each child learns and practices a specific desired and targeted behavior (objective). During opening circle when the theme for the day is presented, the teacher encourages a child with severe disabilities who is practicing reaching to reach toward an object relevant to the discussion. Another child might be asked to name an object while another might be asked the color of the object. Therefore, in preparing for any activity, it is important to know what the goal is for each child so that any items needed to elicit specific responses will be available. Just as repetition of related concepts through units and themes provides increased learning opportunities for acquiring conceptual information, repetition of specific responses provides practice in using given response across a variety of situations.

Table 3.9

An Example of An Activity Plan

INSTRUCTIONAL ACTIVITY PLAN

UNIT NAME: THINGS WE SEE
CLASS: 3-YEAR-OLDS
THEME: COLORS
DATE:
ACTIVITY: OPENING CIRCLE
PLANNED BY:

Materials and Set-Up	Activity Sequence	Individual Considerations	Children and Expected Responses
Carpet Squares arranged in a circle — Yellow/Blue/ Green only Surprise Box: All objects Green, Yellow, Blue. Use: cups, balls, bowls, crayons, construction paper, mittens, Blue Cookie Monster puppet, Yellow puppet, and Green puppet. Yellow See-and-Say toy, Blue organ, doll with Blue hair, dress. Balloons **Adaptive Equipment** Corner chair for Candace Rifton for Nicholas Seat belt for Michelle Harness & Rifton for Jessica	Children will be directed to a specific carpet square as they enter the room. Sit. Sing good morning song and on each child point out the color of clothing. Yellow, Blue, or Green as you go around the circle saying good morning. Point out the weather. Have the children look outside to see if they see anything Yellow, Blue, or Green. Game: *I Spy.* Sitting in the circle, with the surprise box, play *I Spy.* Teacher pulls object out of the box (bag) and says "I see something ________ to ________ with. What is it? What color is it?"	I see a Blue cup, get the cup. (Same with mitten, ball, toy, car.) Given Big Bird puppet or Cookie Monster, will select one — Teacher will verbalize "Oh, ________, you got the Blue puppet (depending). Given mittens, and having seen a demo on what to do with the mitten, child will get the mitten and put on (roll ball, pull Yellow puppet string). *Bethany:* Want the Blue puppet, point to the picture of the Blue puppet (doll, ball, mitten). *Nicholas:* Given photo of object say, "Want the ________, point to the ________." *Allison:* Sign and say, "Want the ________, say ________."	**Functional Reach II** Moves one or both extremities toward object (Candace). **Functional Reach V** Reaches to indicate one of two presented stimuli (Ryan). **Simple Manipulation III** Will get the object and perform an appropriate scheme (put on, roll, pull) (Ashley, Pat). **Communication IIIa** Single symbol imitation (Bethany, Allison, Nicholas).

Selecting Classroom Activities

Teachers select activities that are appropriate for each instructional area and that reflect the theme being emphasized for a given day. Each classroom activity is appropriate for the chronological ages of children even though all children are not expected to complete all steps of the activity with full independence. Activities are selected to be of interest to children in a particular classroom. Many good ideas for activities may be found in numerous published early education and preschool activity guides and curricula (e.g., Hohmann, Banet, & Weikert, 1979). Teachers need only to know what children in their classrooms enjoy and the targeted theme to find many examples of activities that will successfully address these issues.

Preparing Activity Plans

Written **Activity Plans** are developed to allow teachers to plan for the ways in which the individual needs of each child will be accommodated when the activity is implemented (see Figure 3.5). These needs may relate to types of adaptive positioning equipment necessary for children with physical disabilities, specific communication strategies (e.g., communication board, signing) needed for other children, or ways of ensuring that each child will be provided with opportunities to practice a targeted response. **Activity Plans** are written for each instructional area and meet the following criteria:

1. Activity is age-appropriate.
2. Activity is representative of the unit theme and appropriate for the organizational area.
3. Materials needed and any special set-ups are described.
4. Specific seating or positioning, or adapted materials required by children are listed.
5. Children who are participants in each group rotation are listed, grouped by the response each has targeted.
6. Instructional strategies being used for each primary target with each child are accurately listed. Ways in which the activity may be modified for given children and any other special instructions are also written.
7. The steps necessary to complete each activity are also listed.

Each area of the **Activity Plan** is described further on Table 3.10. These areas represent important factors that teachers consider when meeting the individual needs of children with varying disabilities within the context of the classroom activity. For example, some children may require specialized positioning equipment or adaptive devices (e.g., larger crayon, built up handle spoon, special cup) to participate in the activity. Materials may need to be put in specific locations for children who are visually impaired or who have restricted movement. Other children may be communicated with using combined sign and speech. Preparing the written **activity plan** not only helps teachers fully address a variety of individual needs but also allows someone else to deliver the same activity in the teacher's absence.

Table 3.10

Procedures for Designing An Activity Plan

1. Activity plans are written for: **Circle, Art, Functional Activities, Snack Preparation, Snack, Story, Table-top Activities, Gross Motor, Music, and Closing.**
2. Separate activity plans are written where different groups of children are doing different activities within one classroom activity area. For example, children might be placed into two groups for Snack Preparation. One group might prepare the drink while the other prepares the food. Two activity plans would be completed for Snack Preparation.
3. The activity plans are divided into the following sections:

   Materials and Set-up: Description of required materials and setting of activity.

   Adaptive Equipment and Materials: Adaptive equipment (seating, standing, or others) that will be used with individual children as well as any materials adaptations being used.

   Activity Sequence: Steps that will be taken to complete the activity.

   Responses and Individual Considerations: List the children who will be participating in the activity by the primary response which is required on the primary target (objective) on which each child is working. List specific instructional cues or arrangements that are being used with each child.

4. Activity plans are completed weekly and kept in an identified location in the room. This ensures continuity in programming when staff are absent and substitutes are required to fill in as team members (often at the last minute).

Implementing Activity Plans

Planning an activity is only the first step!! Of equal importance is how effectively the activity works when used with children. Activities that are effective are typically those in which all children are able to participate to some degree, ranging from full to partial participation. Those in which children have high interest levels are typically motivating and, in turn, children are more attentive when activities are interesting and motivating. Organization is also critical (see Figure 3.5). When teachers have needed materials available and easily accessible, know the steps that will be used, and can easily implement the procedures for enhancing child participation, activities are easier to implement and more enjoyable for children.

Figure 3.5

Process for developing, implementing, and evaluating an activity plan for a group of children.

Choose an activity:

- Is the activity age-appropriate?
- Is the activity functional?
- Does the activity have a group outcome or an individual outcome common to the group?

↓

List the children who will be participating in the group.

↓

Task analyze the activity.

↓

Match specific steps within the task analyzed sequence to determine levels of participation for each child.

↓

Choose the area/location within the classroom where the activity is to occur.

Plan for the physical arrangement of the children within the group:

- Are there specific safety precautions to consider for any of the children?
- Are there other individual child characteristics that need to be considered (motor handicaps, disruptive behavior)?
- Are there considerations concerning communication?

Plan for positioning needs of individual children:

- What adaptive equipment is available at scheduled time?
- Match available equipment with individual child considering concept of maximal participation within the group?

Gather the necessary materials.

Arrange/organize materials in logical sequence that matches with task analysis.

Make any other necessary advance arrangements or set-up.

Write activity planning sheet.

GO FOR IT!!!

Role of the Classroom Teacher

Implementing the curriculum involves families and teachers, and related service personnel who use the classroom setting as a focal point for service provision. Group activities are designed to allow for use of individualized instructional strategies and high levels of opportunity for responding, while making use of naturally occurring cues and consequences. Classroom teachers have then, as one of their main objectives, facilitating each child's acquisition of individual objectives developed by the team.

Classroom teachers determine the specific activities that will result in learning situations that allow each child to participate and to develop a targeted skill or work toward a specified goal. For example, if a child's primary goal is to be able to reach for and grasp an object, the teacher creates the situations within the classroom day that will enable the child to work on the goal within the structure of classroom activities. During opening circle time, as the teacher is discussing the upcoming events of the day, specific items representational of the topic being discussed are available. The child is provided opportunities to practice the goal by reaching and grasping for these objects. During the art activity, the child is given opportunities to reach and grasp for various materials and tools being used and, during snack, is given opportunities to reach and grasp food or utensils. Another child, whose goal is, for example, to use single words is given opportunities to practice this skill within the same activity context. Teachers create situations that maximize opportunities for all children to practice individual goals throughout the classroom day.

Another aspect of the teacher's role is facilitation of meaningful interactions among children with and without disabilities. This is accomplished through: (a) ensuring that groupings are heterogeneous, with children who present a variety of disabling conditions, and those who are nondisabled, and (b) using specific strategies to structure and facilitate appropriate social and communicative interactions among children. A concomitant component of the teacher's role is to structure learning activities so that children serve as models, demonstrating how to perform various age-appropriate activities.

Classroom teachers are integral members of integrated programming teams. A most important role is the consistent use of integrated methods and strategies, designed by the programming team, within the context of classroom activities. Classroom teachers also receive technical assistance from the various related services specialists regarding individual children. For example, a physical therapist may instruct and train a teacher to correctly position a particular child in adaptive equipment. Ultimately, however, it is the teacher's role and responsibility to position the child correctly whenever the equipment is used within the classroom and to use correct procedures for managing children's physical and health needs.

The primary goal of all programming is to enable each child to function as independently as possible in home, school, and community environments. An individual child's needs are determined through an ecological and standardized assessment process (see Chapter 5) and by an ongoing assessment process, of which the teacher is an integral part (see Chapter 7). Data are collected by the teacher on the number of instructional opportunities provided for each child within each classroom activity and the child's response to individualized instruction. These data are reviewed weekly in programming team meetings and used to make decisions about methods and strategies being used with children and to document child progress.

Roles of Team Members

Together with teachers, physical and occupational therapists, communication specialists, and other professionals develop and use strategies to assist children in learning targeted objectives and to manage the physical needs of children in the classroom (Campbell, 1987 b; Dunn, in press a; in press b). Each of these personnel train teachers, other professionals, and parents to use integrated strategies that are responsive to child needs. Related services personnel are integral team members, participating in programming team meetings and contributing to the ongoing assessment process with children. Related services personnel play critical roles of monitors, consultants, and direct service providers for young children in school settings (AOTA, 1988), roles which are explained in further detail in Chapters 4 and 5.

Indicators of a Quality Early Education Program

The extent to which special education and related services are effective in enabling children with disabilities to participate in integrated preschool programs can be determined by observing children in school and classroom environments. Actions and decisions of programming teams are synthesized in organizational structures and activities carried out in classrooms. Currently known best practices for classroom settings are listed on Table 3.11. These have been synthesized as a checklist of **Indicators of Quality Early Education Classroom Programming** (fully included in Appendix A). Classroom teachers or supervisory personnel who use the **Quality Indicators** use best practices to design and provide classroom programming for children with and without disabilties.

Table 3.11

Indicators of Quality Early Education Classroom Programming

OPENING CIRCLE/CLOSING ACTIVITY (Large Group and Entering/Leaving)

1. Staff greet parents and children upon arrival and say good-bye as children and families are leaving. (F)
2. Interactions among parents and staff communicate positive information about children. (F)
3. Each child has physical contact with other children during activity. (IN)
4. Both opening and closing activities reflect routines and activities used in community preschools. (CC)
5. Staff communicate concerns about children to families in a positive manner. (F)
6. Each child has an opportunity to perform the targeted skill at least five times during the opening and closing activity. (I)
7. Staff support and help families by providing information that addresses areas identified by families. (F)
8. Staff provide instructions and interact with children in language they understand during opening and closing activities. (I)
9. Appropriate management routines are implemented for children who have difficulty separating from parents on entering the classroom. (M)
10. Each child is being taught the routine associated with entering the classroom and beginning circle time, using whatever adaptive equipment or devices are necessary. (FS)
11. Opening and closing activities follow written lesson plans and establish the routine for the day and establish the content theme being emphasized. (CC)
12. Staff ask families for information that will help children be more active participants in classroom activities. (F)
13. Each child is an active or partial participant in the activity for the majority of time. Children participate more frequently than adults. (P)

SMALL GROUP ACTIVITIES (Structured)

14. Small group activities, such as Art or Functional Skills, include no more than four (infant-toddler), six (two-threes), or eight (three-fours) children per group. (IN)
15. At least **two** children who are nonhandicapped are included in each small group activity. (IN)
16. The activity and materials used are structured so as to facilitate natural interactions among children in the group. (IN)
17. No more than one child who requires a lot of adult assistance is included in any small group. (IN)
18. The activities selected for each small group are chronologically-age appropriate typical preschool activities. (CC)
19. Children are grouped to function as peer models for each other. (IN)
20. Staff implement the primary goal for each child and use the designated methods of instruction accurately. (CO)

21. Each child is an active participant in each small group activity, having an opportunity to perform the targeted response a minimum of 10 times. (I)
22. Teachers/therapists use social prompting to encourage general interactions among children. (IN)
23. Responses that are appropriate but are not the specifically targeted response are reinforced systematically. (FS)
24. Children who are competent in performing the small group activity have been taught to function as peer tutors for those having difficulty. (IN)
25. Active participation of each child is achieved through use of teacher/therapist strategies such as modifying the activity (task) requirements for partial participation of individual children or using adapted materials within an activity. (FS)
26. Staff give instructions during small group activities in language children understand. (I)
27. Children with physical disabilities are positioned in alignment during small group activities. (M)
28. Individualized instructional cues and prompts (methods) that integrate therapy and education are used by all staff for each child throughout the activity. (I)
29. Children who are able to independently partially participate in the activity are provided assistance through special friends who have been given information to help them help the other child. (IN)
30. Teachers/therapists reinforce social and other appropriate interactions among children. (IN)
31. Each small group activity (e.g., art, functional) reflects the curricular content theme. (CC)
32. Written lesson plans are available, are written so that substitute staff can follow them easily, and reflect what occurs when the activity is implemented. (P)
33. Speech language pathologists and motor therapists provide specific programming for individual children within the context of the small group activity. (I)
34. Staff have materials out and ready before implementing activity. (P)

LARGE GROUP ACTIVITIES (Gross Motor; Free Play)

35. Children with physical disabilities are positioned appropriately to allow for maximum independence during the large group activity. (M)
36. Teachers/therapists reinforce social, communicative, and other appropriate interactions among children. (IN)
37. Staff give instructions for activities using language children understand during all large group activities. (I)
38. Each child is an active or partial participator in the activity; no child has more than 5-10 minutes of "down" time during any large group activity. (I)
39. Goals related to a child's physical (motor) functioning are incorporated into these activities. (CO)
40. Children who are competent in performing the activity have been taught to function as peer tutors for those having difficulty. (IN)
41. Children who function as models or helpers for other children are reinforced for these interactions. (IN)

42. Inappropriate behavior of children is managed systematically and consistently by all staff. (M)

43. Large group activities are chronologically-age appropriate typical preschool activities. (CC)

44. Most large group activities reflect the curricular content theme. (CC)

45. Each child has a minimum of five opportunities to demonstrate the targeted response during each large group activity. (I)

46. Staff structure the free play activity to: (a) encourage independent interaction with toys; (b) facilitate social interaction through planned interactions among children; and (c) encourage choice-making by children. (FS)

47. Written lesson plans are available, written so that substitute staff can follow them easily, and followed when the activity is implemented. (P)

TRANSITIONS BETWEEN ACTIVITIES

48. Ecological inventories are done, as necessary, to ensure as independent as possible transitions between activities. (CO)

49. Each child has an independent or partially assisted form of mobility for use in moving around the classroom (between activities) and between the classroom and other school areas. (FS)

50. Natural and planned interactions that occur among children during transitions are reinforced by staff. (IN)

51. Staff use specific cues and prompts for children whose behavior disintegrates during non-structured times of transition. (I)

52. Staff use natural cues and prompts, determined by the team, to guide children in moving between activities in increasingly independent ways. (FS)

53. Scheduling of staff responsibilities ensures that transitions occur smoothly; that immobile children are moved and repositioned as efficiently as possible; that appropriate amounts of structure are provided for children whose behavior disintegrates in these non-structured classroom times. (P)

54. Children who can assist other children have been "trained" to function as peer tutors or special friends during transitions. (IN)

55. Changes in activities or positions are explained to children (rather than just moving them from one position to another). (M)

56. Staff warn children that an activity is ending and give clear instructions to children about where to go next. (FS)

57. Children who require lifting and carrying during transitions or repositioning for activities are moved in alignment, using individualized procedures. (M)

SNACK

58. All children have an opportunity to assist fully or partially in snack preparation. (FS)

59. Foods and liquids selected for snack are appropriate for all children's eating abilities, allergies, and likes and dislikes. (CC)

60. Staff reinforce all natural social and communicative interactions that occur among children, facilitating all children in choice-making. (IN)

61. Appropriate manipulation and eating skills are facilitated with all children during snack. (FS)

62. At least 10 opportunities for each child to practice the targeted response occur during snack. (I)

63. Staff implement appropriate procedures to feed children requiring specialized feeding approaches (i.e., tube feeds; "therapeutic" techniques). (M)

64. Children with physical disabilities are positioned in alignment during snack. (M)

65. Staff guide children in clean-up so that all children participate fully or partially. (FS)

TOILETING

66. Staff follow an organized schedule in taking children to bathroom. (P)

67. Appropriate data are maintained and used in implementing systematic toileting programs. (I)

68. Children with physical disabilities are positioned appropriately in adapted pottys. (M)

69. Children are on pottys no longer than five minutes. (M)

70. Interactions among children are facilitated during bathrooming. (IN)

71. All children are taught how to manage their own clothing as independently as possible. (FS)

72. Staff facilitate all children to partially or fully complete a hand-washing routine following toileting. (FS)

73. Transitions between toileting and classroom activities are accomplished smoothly with no more than 5-10 minutes of "down time" for any child. (M)

CHILDREN WHO REQUIRE ADULT ASSISTANCE FOR ACTIVE PARTICIPATION

74. Therapeutic methods for managing children's muscle tone and atypical patterns of movement are incorporated into instructional methods used in all activities by all classroom and other staff. (I)

75. Children with physical disabilities have adaptive equipment necessary for positioning in floor sitting, chair sitting, potty training, and standing. (M)

76. Staff implement specific behavior management programs only after review by all team members, approval by the Team Leader, and failure of less intrusive methods. (I)

77. Data are maintained and used to evaluate/revise all behavior management programs being implemented with all children. (I)

78. The therapist involved with any child receiving individual therapy implements individual activities according to a written intervention plan and makes decisions concerning use of methods on the basis of ongoing data. (CO)

79. Children with delayed or dysfunctional postures are positioned in alignment for each classroom activity. (M)

80. All therapy objectives established for children are incorporated into the activities of the classroom and may also be worked on individually with specific children. (CO)

81. All non-speaking children have a designated form of communication which is used by staff to provide instructions and to interact with children. (I)

82. All children requiring augmentative communication have appropriate language boards or technological devices. (I)

83. All children with sensory impairments are provided instruction adapted to their needs, including directions for participation in an activity, adapted task requirements, adapted materials, or adult assistance. (I)

84. All children with sensory impairments have been provided with appropriate corrections (e.g., hearing aids, glasses, etc.). (M)

85. Targeted skills for children with physical and/or sensory disabilities represent skills that are critical to the needs of each child. (CO)

86. All staff are able to use adaptive devices or aids (e.g., positioning equipment, communication devices, computers, toys, afo's) accurately. (M)

87. Staff communicate daily with families concerning any special medical needs of children (e.g., breathing, seizures, feeding, medications). (F)

88. Staff are knowledgeable about any other programs in which children are involved and coordinate with those personnel, as appropriate and designated by the Team Leader. (F)

Summary

Young children with and without disabilities are educated together easily in integrated classrooms when teachers, related services personnel, and families work together to plan and implement programs. Three concepts of integration underlie this curriculum: (a) physical and social integration of children with and without disabilities; (b) programming methods that integrate input from families and a variety of professionals; and (c) integrated curricular content.

Conceptual and topical areas that are important for young children to learn from the content of the curriculum. These areas are further divided into units, themes, and classroom activities so that the same concept or topic is emphasized in all classroom activities on a particular day. These activities provide the context in which integrated programming is provided for children with a variety of disabilities. Classroom teachers play an instrumental role in implementing the concepts underlying the *Integrated Curriculum*. As members of integrated programming teams, teachers work collaboratively with families and related services personnel to ensure that each child receives a high-quality preschool education.

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